



United Methodist Church of Chugiak

PO Box 670909 16430 Old Glenn Hwy. Chugiak, AK 99567 (907) 205-4430 office@umcchugiak.org

FACILITY USE AGREEMENT

Today's Date: _____ Revised Date: _____
Event Name: _____
Event Date(s): _____
Block of Use Time: _____ Event/Class Time: _____
Organization Name: _____
Contact Name: _____ Alt. Contact Name: _____
Preferred Phone: _____ Alt. Contact Phone: _____
Other Phone: _____ Alt. Other Phone: _____
Email: _____ Alt. Contact Email: _____
Mailing Address: _____
Event Description: _____

PLEASE CIRCLE ANSWERS

UMCC Member: YES NO Is Organization: For-Profit Non-Profit Charge for Event: YES NO

Event Open to the Public: YES NO Expected Number Attending: _____

Will Food be Provided? YES NO If yes, who will provide food? Licensed Caterer Event Attendee

Request Use of the Following:

☐ Sanctuary ☐ CC Kitchen ☐ Classrooms: B2 Jr./Sr. High Other: _____
☐ Narthex ☐ Entry Lobby Area ☐ Community Center/Gym

Requested Special Permissions and/or Allowances (example: Furniture moving, equipment usage):

If Applicable, Please Explain If and Why You Are Requesting a Fee Reduction or Fee Waiver:

Fees & Payments:	Amount Due	Date Paid	Method of Payment	Cancel by this Date for a Full Refund:
Facility Use	\$ _____	_____	_____	_____
Deposit	\$ _____	_____	_____	_____
Other Fees	\$ _____	_____	_____	Specify: _____

I affirm that I am 18 years of age or older and will attend the event(s) as the responsible party ("User"). I have received copies of the UMCC's Facility Fee Schedule & Policies, Facility Use Policies & Procedures, and Facility Use Requirements & Rules of Conduct. I have reviewed these documents and agree to abide by the terms and conditions stated therein.

I shall indemnify, save harmless and defend the United Methodist Church of Chugiak, its officers, agents, and employees from liability of any nature or kind, including cost and expenses, for or on account of any and all legal actions or claims of any character whatsoever resulting from injuries or damages sustained by any person or persons or property as a result of any error, omission or negligent act of the UMCC relating to the use of the facility.

_____ I have added UMCC as an additional insured to my/our existing Liability Insurance policy of at least _____. This insurance will be in effect from _____ to _____.

_____	_____	_____
Printed Name	Signature	Date

For Office Use Only

Office Approval: _____	Date: _____
Final Approval: _____	Date: _____
Liability Insurance Provider: _____	Documentation Received: _____
Post-Event Assessment by: _____	Date: _____
Deposit Amount Refunded: _____	Date: _____
Reason if Not Refunded: _____	