

## Application for Facilities Use

Asbury United Methodist Church 4743 East Avenue, Livermore, CA 94550  
Phone 925-447-1950 Fax 925-447-8366

Name of organization \_\_\_\_\_ Date \_\_\_\_\_  
 Responsible party's name \_\_\_\_\_ Email \_\_\_\_\_  
 Asbury Member? yes \_\_\_\_\_ no \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Preferred Method of contact; phone, email or text-Phone # \_\_\_\_\_  
 Type of Event \_\_\_\_\_ Ongoing? \_\_\_\_\_  
 Facility/Space requested \_\_\_\_\_ Number of people \_\_\_\_\_  
 Date of event \_\_\_\_\_ Time \_\_\_\_\_ Pastor requested? \_\_\_\_\_  
 Sound equipment needed yes \_\_\_\_\_ no \_\_\_\_\_ Relocation of furnishings needed yes \_\_\_\_\_ no \_\_\_\_\_

### Policy on Facilities Use

1. A \$200.00 deposit will be required of **ALL** users.
2. Asbury members will be charged half of the facilities fees for personal rentals (i.e. baby showers/family reunions etc.)
3. A 25% discount is available to organizations that include an Asbury member.
4. There is NO rental fee for memorial services for Asbury members.
5. The fee for ongoing users is negotiable.
6. Asbury facilities may not be used for any profit-making activities.
7. For wedding fees please see the wedding brochure.

### Facilities Use Fees

| Space                                       | Up to 4 Hours                         | Per Day                               | Cost |
|---|---------------------------------------|---------------------------------------|------|
| Sanctuary                                   | \$300                                 | \$500                                 |      |
| Chapel/Fireside Room                        | \$150                                 | \$250                                 |      |
| *Fellowship Hall                            | \$500                                 | \$750                                 |      |
| Kitchen                                     | \$100 (light use)                     | \$250 (full meal prep)                |      |
| Conference Room                             | \$50                                  | \$75                                  |      |
| Youth Bldg (3 rooms)                        | \$80                                  | \$120                                 |      |
| Room 13 and 15                              | \$60                                  | \$90                                  |      |
| One Youth Room                              | \$40                                  | \$60                                  |      |
| Large Classroom (11-12)                     | \$50                                  | \$75                                  |      |
| Single Classroom (8-12)                     | \$35                                  | \$50                                  |      |
| Courtyard /Patio Furniture                  | \$60                                  | \$90                                  |      |
| Sound Attendant Fee                         | Starts at \$50 per hour               | Starts at \$50 per hour               |      |
| Relocations of equipment or furnishings     | Starts at \$75<br>For setup/tear down | Starts at \$75<br>For setup/tear down |      |
| Additional Custodial Services               | \$50 (per hour)                       |                                       |      |
| Additional Fees Not Mentioned Above Service |                                       |                                       |      |

- Seated dining capacity is limited to 200

**Total Fees Due:** \_\_\_\_\_

**Conditions and Guidelines for Facilities Use**

- 1. A security, damage and cleaning deposit of \$200 is due with submission of the application form. The deposit will be refunded within two weeks following the event, when all conditions have been met. Applicant's initials \_\_\_\_\_
- 2. All applicants are responsible for clean-up (removing the trash, returning all furniture to its original locations unless otherwise agreed in advance), turning off lights, heating/cooling system and locking up. Failure to comply with this condition will result in forfeiture of the deposit. Applicant's initials \_\_\_\_\_
- 3. NO alcohol or controlled substances are permitted on Asbury property. Failure to comply with this condition will result in the forfeiture of the deposit. Applicant's initials \_\_\_\_\_
- 4. NO smoking is permitted anywhere on the campus at ALL. Applicant's initials \_\_\_\_\_
- 5. ALL applicants are required to provide proof of liability insurance with Asbury named as additional insured for the date(s) of use. Applicant's initials \_\_\_\_\_
- 6. Ongoing users are required to submit proof of tax-exempt status (IRS code #501(c)(3)) and California Revenue and Taxation Code 23701(d). Applicant's initials \_\_\_\_\_
- 7. Applicant agrees that Asbury may monitor applicant's use of facilities. Applicant agrees to comply promptly with any reasonable request made by Asbury to take action or to refrain from action, which in Asbury's discretion is necessary for its welfare. Applicant's initials \_\_\_\_\_
- 8. The key must be returned by the end of the calendar day of use, unless otherwise arranged in advance. The key drop is located at the door on the west side of the office. A lost key will result in a \$100 fee. Applicant's initials \_\_\_\_\_
- 9. All applicants are responsible for any damages beyond normal wear. Should the use of the facilities cause additional expenses, such as cleaning or repairs, and the necessary repairs are not made by applicant, the deposit will be forfeited and the applicant will be billed any remaining costs. Applicant's initials \_\_\_\_\_
- 10. Evening activities except for cleanup, must conclude by 10 pm. Applicant's initials \_\_\_\_\_

Applicant hereby agrees to hold Asbury United Methodist Church harmless in the event of any injury or loss due to use of Asbury's facilities. Applicant has read the Conditions and Guidelines for Facilities Use above and agrees to abide by these conditions. Applicant further agrees to reimburse Asbury for all unresolved damages and costs resulting from the above stated use of Asbury's facilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only  
Date deposit received \_\_\_\_\_ Check # \_\_\_\_\_ Amt \$ \_\_\_\_\_  
On calendar \_\_\_\_\_ Asbury contact(s) \_\_\_\_\_  
Tax-Exempt rec'd \_\_\_\_\_ Insurance rec'd \_\_\_\_\_ Date refund request sent to treasurer \_\_\_\_\_