

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 For setup/tear down	Starts at \$75 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 in the amount of \$1,000,000. 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 _____

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 _____