



# Surfside United Methodist Church

800 13<sup>th</sup> Avenue North  
Surfside Beach, SC 29575  
Telephone: 843-238-2734 www.surfsideumc.org

## FACILITY USAGE REQUEST FORM

Organization/Individual: \_\_\_\_\_

Type of Function: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Desired Date(s): \_\_\_\_\_ Day of Week: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Expected Number of attendees: \_\_\_\_\_ Names of Attendees or provide a list of attendees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SUMC sponsored activity: YES \_\_\_\_\_ NO \_\_\_\_\_

### Areas desired:

_____ Church Kitchen	_____ Entire Building	_____ Stage
_____ Fellowship Hall	_____ Serving/Prep	_____ Nursery
_____ FLC Great Room	_____ Small Classroom	_____ Parlor
_____ FLC Kitchen	_____ Large Classroom	_____ Other

### Equipment Needed

_____ Chairs	_____ Number Needed
_____ Round Tables	_____ Number Needed
_____ Rectangular Tables	_____ Number Needed
_____ Sports Equipment	_____ Number Needed

Miscellaneous Equipment: \_\_\_\_\_

\_\_\_\_\_

### Office Use Only:

**Rental Fee(s):** \_\_\_\_\_  
**Security Deposit (requires 30-day notice for refund):** \_\_\_\_\_  
**Balance Due last business day before event:** \_\_\_\_\_

I acknowledge that I am responsible for the policies and procedures of SUMC and agree to leave the facilities in the condition in which I found them along with removing all food, drinks or meeting materials. **I release SUMC from any and all type of liability that could occur.**

Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FLC Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Trustees Chairman: \_\_\_\_\_ Date: \_\_\_\_\_