

FACILITY USE APPLICATION

LAKE TOXAWAY UNITED METHODIST CHURCH

Date Of Application: _____

Contact Person Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Organization Name: _____

Requested Date(s) of Use: _____

Will this be a One-time Use: _____ Or a Recurring Use: _____

Time(s) of Event: _____

Set up Time Needed: _____

Description of Event or Activity: _____

Approximate Number Attending: _____

Room Requested: _____

Special Equipment Requested: _____

I/We have received and read and agree to follow all rules and requirements in the Lake Toxaway UMC

Facility Use Policy. Signature: _____

Date: _____

Acknowledged by Church Representative: Deposit Received \$ _____

Usage Fee Received: _____

Date: _____

LTUMC Representative Signature: _____