

APPLICATION FOR USE OF CHURCH FACILITIES

First United Methodist Church
San Benito, TX

Date of Application

Name of Group, Family, or Individual: _____

Date of single event (mo/ day/ year): _____

Date of weekly events: _____

Date of monthly events: _____

Time of Event: Start: _____ End (include clean-up): _____

Room(s) Requested: Fellowship Hall Classroom(s)
 Kitchen which one(s): _____
 Sanctuary Outside Grounds
 Chapel

Type of Event: _____

Food Served? Yes No

Estimated Number of Adults: _____ Children: _____

Room Set-Up (if requested, custodial fees may apply)

Chairs, # _____ Tables, # _____

AV/ Sound, (please specify): _____

Other: _____

Contact Person

Name: _____

Address: _____

E-mail: _____

Phone: Home: _____ Cell: _____ Work: _____