

**Youngsville Free Methodist Church
Facility Rental Sheet**

Office Hours: 8:00 am-1:00 pm Mon-Fri ♦ Phone: (814) 563-9009 ♦ Email: office@ybfree.org

NAME OF RENTER: _____

DATE REQUESTED: _____

TYPE OF EVENT: _____
 This is a personal event This is a non-profit event This is a Church Ministry Event

DURATION OF EVENT

Arrival Time: _____ Event Time: _____ Departure Time: _____

*This is to include set up and clean up times to avoid overlap booking

CONTACT INFORMATION:

Phone #: _____ Email: _____

Address: _____

What area(s) would you like to use: (Please Check All That Apply)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Pavilion | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Lobby | <input type="checkbox"/> Chapel |
| <input type="checkbox"/> Sanctuary & Lobby | <input type="checkbox"/> Classroom(s) |
| <input type="checkbox"/> Gym | |

Is this a one-time use or ongoing event?

- One-Time Ongoing

*If ongoing, please list the reoccurring dates: _____

Office Use Only

- Calendar is clear for the date(s) requested
- Rent and Responsibilities Sheet has been provided to the renter
- Deposit has been collected - \$_____ Cash Check No Deposit
- Full payment received - \$_____ Cash Check Fee Waved for Non-Profit No Fee-Donation

_____ Date _____

(Signed By Office Manager)

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Event Completed (Office use only)

Inspection completed by _____

Deposit to be returned

Deposit to be kept

No deposit to return

_____ Date _____

(Signed by Office Manager)

Deposit Returned

No Deposit to return

Deposit left as donation

_____ Date _____

(Signed by Office Manager)