SALEM UNITED METHODIST CHURCH

2 High Street, Brookeville, MD 20833 BUILDING COORDINATOR: Gene Haines / 301-467-4939 / genehaines3@verizon.net

2023 Facilities Use Agreement

Email Address	Application Date:	Propose	d Use:			
Proposed time (s) of use:	Name of individual/ orga	nization:				
All leaders Safe Screened and trained: Yes No N/A Usage fees: Community Hall	Proposed date (s) of use:					
Usage fees: Community Hall	Proposed time (s) of use:					
Sanctuary:	All leaders Safe Screened	and trained:	Yes 🗖	No 🗖	N/A 🗖	
Signing below indicates that the individual and/or organization has read and accepted the terms and agreements and will be responsible for all fees and damages. Primary Contact Phone Email Address Date Signature Back-up Contact (print):	Usage fees: Community I	Hall				
accepted the terms and agreements and will be responsible for all fees and damages. Primary Contact Phone Primary Contact Phone Email Address Date Signature Back-up Contact (print):	Sanctuary:					
Email Address Date Signature Back-up Contact (print):						
Email Address Date Signature Back-up Contact (print):	Primary Contact				Phone	
Date Signature Back-up Contact (print):	Email					
Name Phone ************************************	Date					
**************************************	Back-up Contact (print):					
Use of church facility as requested is approved: Building Coordinator signature: Date:	Name				Phone	
Building Coordinator signature: Date:	***********	***** FOR II	NTERNAL U	JSE ONLY	******	****
	Use of church facility as r	equested is ap	proved:			
Witness signature: Date:	Building Coordinator sigr	nature:			Date: _	
	Witness signature:				Date: _	