

FACILITY USE AGREEMENT
Salem United Methodist Church
12 High Street
Brookeville, MD 20833
301-774-7772
pastor@salemunitedmethodist.org

User Fees:

- Church: \$150.00 per use
- Community Hall: \$150.00 per use
- Organizations meeting on a regular basis will pay \$1.00/person/use.

Policies:

1. The area of use is limited to that for which permission is granted.
2. The undersigned adult (s) agree to assume responsibility for the proper care of the facilities and the conduct of those attending. The undersigned adult or adults must be present at all times during the activity and shall oversee all children and youth activities.
3. All facilities must be vacated by 9:30 pm.
4. Alcoholic beverages are not permitted on or around the church property (including the church parking lot).
5. Smoking is not permitted in the buildings or bathrooms. Smoking is allowed outdoors. A cigarette disposal receptacle is located by the back door of the Community Hall. Please smoke only near this receptacle.
6. Classrooms upstairs in the Community Hall can only be used with permission.
7. Groups using the facility are financially responsible for any physical damage resulting from their use.

Rules for Facility Use:

Please observe these rules as the future use of these facilities is dependent on the care taken by all users.

1. Should the temperature of the room(s) being used need to be adjusted, this is done by using the "Up" or "Down" arrows on the right side of each thermostat. PLEASE do not adjust any other functions on the thermostats.
2. Please leave the rooms clean and set up the way you found them. Brooms and mops are located in the closet between the two restrooms
3. Deposit trash in the receptacles to the right side of the garage behind the Community Hall.
4. Upon leaving, close and lock doors as instructed by the Pastor or church administrator.
5. Close and lock any opened windows. Turn off all lights and fans, including in the rest rooms.
6. Do not play the piano or use it as a table for food and drink.
7. Report any physical damage to the Pastor.

FACILITY USE AUTHORIZATION FORM

Name of person/organization: _____

Date(s): _____ Hours: _____

Purpose: _____

Equipment Needed: _____ tables _____ chairs

Fees are due with signed form. Please make checks payable to Salem United Methodist Church and mail to: Salem United Methodist Church, 12 High Street, Brookeville, MD 20833.

I/We will abide by the policies stated and accept full responsibility.

1. Name (please print) _____

Phone: _____ E-mail: _____

Address: _____

Signature: _____ Date: _____

2. Name (please print) _____

Phone: _____ E-mail: _____

Address: _____

Signature: _____ Date: _____

Use of the church facility as requested is granted subject to the conditions stated.

Signed: _____

Date: _____

Fee Received: _____

*****Please note that on the rare occasion that a church function conflicts with a regularly scheduled group, the group will be notified and a solution determined.**