

# San Luis Obispo United Methodist Church

## APPLICATION FOR FACILITY USE

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**Please be sure to submit:**

Date Application Submitted \_\_\_\_\_

1. **Two** copies of this application (one to be approved and returned to you)
2. **Two** signed copies of the Facility Use Policy (one to be returned to you)
3. The required security deposit
4. Proof of insurance coverage
5. A copy of your 501(c)3 or (c)4 form (unless we already have it on file)

Day(s)/Date(s) of Event: \_\_\_\_\_

Name/Purpose of Event: \_\_\_\_\_

Name of Organization, if any: \_\_\_\_\_

Is organization a Non-Profit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Time of Event: \_\_\_\_\_

Begin Set-Up

Event Time

Finish Clean-Up

Person Responsible for Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you, or is someone in your group, a member of SLOUMC? If yes, please list:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Approximate Number of People Expected: \_\_\_\_\_

Will there be a charge for admission? \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes,...

Will some or all of the proceeds from admission be donated to a non-profit? \_ Yes \_ No

Is the kitchen needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the kitchen is being used, please explain extent of use/list caterer name (including if self-catered): \_\_\_\_\_

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*See kitchen coordinator requirement on page 3 of Facility Use Policy.*

Which rooms will you need? Sanctuary      Narthex      Methodist Activity Center

Terrace

Bell Tower Room

Nursery

Downstairs: Conference Room      Music Room      Double Meeting Room

What equipment (if any) will be brought onto the Church premises? \_\_\_\_\_

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(for sound in the narthex and infant calming room, SLOUMC's sound system/technician must be used)

Sound Technician needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Insurance Carrier: \_\_\_\_\_

*(Please provide proof of insurance and additional insured certificate reflecting Comprehensive General Liability, minimum \$1,000,000 combined single limit for bodily injury and property damage)*

For those wanting to rent our facilities but who do not have insurance, you may purchase insurance online for your event through a simple, low-cost program, the Tenant Users Liability Insurance Program (TULIP). Go to <http://www.ebi-ins.com/tulip>. . At Step 1, you will be asked to enter the Facility/Venue/Entity ID. Enter CPUM in the first box and 283 in the second box, then press the Enter key. This will bring up San Luis Obispo UMC as the facility. You then answer a few questions about the event and get a price quote. (Here's a tip: when asked the number of attractions (performers, etc.), leave the number set at zero.) If you decide to purchase the insurance, enter the buyer's information and credit card information to pay the premium. As soon as the transaction is complete, you can print out a policy and certificate of insurance for your records. This online system automatically sends a certificate of insurance directly to our church's e-mail address. If you have any questions while completing the application, please call our insurance broker, HUB International, at (800) 645-6100 ext. 5986.

Fees are to be paid in full at least 14 days prior to the event (30 days for weddings). Failure to pay fees may result in cancellation of your event. Your deposit should accompany this application.

Contact Person at SLOUMC: Administrative Assistant      543-7580      [office@sloumc.com](mailto:office@sloumc.com)

OR      Denine Hicks  
Events Coordination      [deninehicks@gmail.com](mailto:deninehicks@gmail.com)

I acknowledge that I have read and signed the Facility Use Policy and agree to abide by and enforce its terms. I understand that a security deposit of \$\_\_\_\_\_ is required with this Application and that it will be returned if the conditions for return in the Facility Use Policy are met.

**PLEASE RETURN TWO SIGNED COPIES OF THIS APPLICATION AND THE FACILITY USE POLICY TO SLOUMC AT LEAST 14 DAYS PRIOR TO EVENT (30 DAYS FOR WEDDINGS AND OTHER EVENTS IN THE SANCTUARY OR MAC).** One copy of the Application and Facility Use Policy will be returned for your records if approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name (and title, if applicable): \_\_\_\_\_

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### Office Use below

Approval: Application has been     Approved     Not Approved

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Events Coordinator/Board of Trustees representative)

User fees assigned: \$ \_\_\_\_\_

Insurance Requirement Waived:     Yes     No

Revised 12/31/2010