

**Request for Use of
North Bethesda United Methodist Church Facilities**

To be completed after phone or in-person consultation regarding available dates and proposed purposes. Return this form to NBUMC, 10100 Old Georgetown Rd., Bethesda, MD 20814, 301-530-4342.

Date of application: _____ **Name of Group or Individual:** _____

Contact Information: Phone: _____ Email: _____

Room(s) Requested

Time/Hours Requested

<input type="checkbox"/> Sanctuary	_____ to _____
<input type="checkbox"/> Fellowship Hall	_____ to _____
<input type="checkbox"/> Kitchen	_____ to _____
<input type="checkbox"/> Parlor	_____ to _____
<input type="checkbox"/> Children's Classroom	_____ to _____
<input type="checkbox"/> Adult/Youth Classroom	_____ to _____
<input type="checkbox"/> Library	_____ to _____
<input type="checkbox"/> Parking Lot (only)	_____ to _____

Date(s) Requested: _____

Total Estimated Attendance: _____ **Age Level:** _____ Children _____ Adults

Requested by: _____ **Date:** _____

Position in Group: _____

Address: _____

City, State, Zip: _____

Phone Numbers: Home: _____ Cell: _____

Requirements:

1)**Liability Insurance:** Ongoing users will be required to carry liability insurance with NBUMC as the certificate holder. A copy will be provided to NBUMC no later than 7 days prior to beginning of use. This insurance must be renewed annually.

2)**Payments:** The User must submit payment for the 1st month (or portion thereof) prior to beginning of use and by the 1st day of the month for subsequent use.