

Date \_\_\_\_\_

Lebanon United Methodist Church  
Building Use Form

Office Use Only

Room Assignments \_\_\_\_\_

Date/s and time of use \_\_\_\_\_

Amount Paid \_\_\_\_\_

Group/Event \_\_\_\_\_

Purpose \_\_\_\_\_

Contact Persons \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Area/s of the church requested \_\_\_\_\_

Date/s requested \_\_\_\_\_

Time requested: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Need for kitchen facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Size of group \_\_\_\_\_ Special Parking Needs \_\_\_\_\_

Other special needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The church reserves the authority to make adjustments of schedule and room assignments according to need.  
Building Use Guidelines will be issued, along with this form.

Contact Person Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Pastor/Trustee \_\_\_\_\_ Date \_\_\_\_\_