

# FACILITIES POLICIES ACKNOWLEDGEMENT FORM

## Bright Star United Methodist Church

*(Return with your deposit)  
(Must be signed by representative)*

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

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

City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Date Planned for Event: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Event: \_\_\_\_\_

- No pins, tape, glue or staples may be used to attach items to furniture.
- Clean up should take place immediately after the event.
- We understand that we are responsible for any damage to church property (building, equipment, etc.)
- The church is not responsible for any personal property of the event participants.
- Cooperation with the minister and church staff is expected and appreciated.

*We have read the Facilities Policies and Guidelines Manual for the Bright Star United Methodist Church, and we, and anyone associated with our event will abide by those policies without exception. We understand the security fee will be retained contingent upon adherence of the Facilities Policies and Guidelines.*

Signed:

Event Coordinator \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

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### FOR CHURCH USE ONLY

FEES	AMOUNT PAID	DATE PAID
Area/room renting _____	_____	_____
Rental Fee Amount _____	_____	_____
Security Fee Amount _____	_____	_____
Balance Due prior to Event _____	_____	_____
<b>TOTAL PAID</b>	_____	

**Form should be returned with deposit to the Administrative Assistant.  
No date will be held on the calendar until this form is on file with appropriate deposit.**

**YOUR COOPERATION IS GREATLY APPRECIATED.**