

**FACILITY REQUEST FORM**  
**BRIGHT STAR UNITED METHODIST CHURCH**  
**3715 BRIGHT STAR ROAD**  
**DOUGLASVILLE, GEORGIA 30135**  
**(770) 949-2555**

E-mail: [office@brightstarumc.org](mailto:office@brightstarumc.org)

Name of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

Date(s) Requested: \_\_\_\_\_ Time(s) Requested\*: \_\_\_\_\_

Number of adults expected: \_\_\_\_\_ Number of children/youth: \_\_\_\_\_

Rooms Requested:

Sanctuary  Sanctuary Classroom  Fellowship Hall  Kitchen  FLC/Theater  
 FLC/Nursery  FLC/Classroom Large  FLC/Classroom Small  Activity Center Gym  
 Activity Center Young Adult Room  Activity Center Teen Room  
 Activity Center Crafts Room  Parking Lot/Grounds

Equipment needed: \_\_\_\_\_

If you have to cancel an event please let us know as soon as possible.

\*There must be one adult for every eight children present when using the nursery.

I have read the building usage policies of the church, and will be sure that my group complies with those policies.

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

Purpose: \_\_\_\_\_

Deposit Amount Paid: \_\_\_\_\_ Required deposit is Security and Cleaning Fees.

*Security deposit will be returned in a timely manner after inspection of facilities used for the events.*

Usage Fee Amount Paid: \_\_\_\_\_

Services Fee Amount Paid: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Notified on: \_\_\_\_\_

Post event inspection performed by: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's security deposit returned.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Mailed to: \_\_\_\_\_ Date: \_\_\_\_\_