**ANNUAL USE APPLICATION FOR USE OF FACILITIES**
**DUNCAN MEMORIAL UNITED METHODIST CHURCH**
**210 East Main Street • Berryville, VA 22611 • (540) 955-1264**

Today's Date:_____

Name of Organization:_____

Please complete for 3 contacts at least 18 years old:

| | Primary Contact** | Secondary Contact | Third Contact |
|---|---|---|---|
| First and Last Name | | | |
| Mailing Address | | | |
| Email Address | | | |
| Phone number(s) | | | |

**It is the responsibility of the Primary Contact to inform the church of a change in contact.

Purpose of Use:_____

_____

Day of week requested: M T W TH F Sa Su Time:_____

Beginning Date:_____ Duration:_____

Number of Attendees Anticipated: _____ Preschool age _____Children 6 – 12
_____Youth 13 – 17 _____Adult 18+

Area(s) to be used: (circle) Fellowship Hall Library
Provisions Needed – indicate number or check as appropriate:

_____tables
_____chairs
_____video equipment (specify)
_____lectern with microphone
_____audio equipment (specify)
_____kitchen equipment (specify)

**We the undersigned have been furnished with a copy of the Building Use Policies and agree to be bound by them. Fees, if applicable, are payable to Duncan Memorial United Methodist Church at the time of application approval. The event will not be scheduled until fees are paid. No access code for door entry will be assigned until the Trustees approve the application and a signed copy of this form is on file.**

**LIABILITY**

1. The non-church user or representative, by signing the "Application for Use of Facilities" agrees to hold harmless and indemnify DMUMC and its Board of Trustees with respect to any claim or loss, injury, death or damage because of negligence or wrongful performance of the user, including damage to the building, furnishings, equipment or property.
2. The church is not responsible for the loss of the user group's personal items. A box of unclaimed items is kept in the church office for a one-month period.
3. It is recommended that user(s) obtain an insurance policy for such coverage.

Signature of Responsible party:_____