

**FACILITY USE REQUEST**  
Community United Methodist Church (CUMC)  
950 GOULD AVENUE NE  
COLUMBIA HEIGHTS, MN 55421

Today's Date \_\_\_ / \_\_\_ / \_\_\_

Group Name \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone (H) \_\_\_\_\_ Other \_\_\_\_\_

Date (s) of Use \_\_\_\_\_

Facilities Needed (List ALL rooms and equipment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time of Use – Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Fee: \_\_\_\_\_ Refundable Damage Deposit: \$100

*I hereby acknowledge that I have read and fully understand the conditions accompanying this document.*

Signature of Contact Person \_\_\_\_\_

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Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
(Member of Trustees)

Notes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approval from Trustee to return damage deposit

\_\_\_\_\_  
Date returned