

DAHLONEGA UNITED METHODIST CHURCH
FACILITY AND PROPERTY USE APPLICATION

DAHLONEGA UNITED METHODIST CHURCH



P.O. Box 455
107 South Park Street
Dahlonge, GA 30533

Office Hours:
Monday to Thursday - 8:30 AM to 4:00 PM
Friday – 8:30 AM to Noon
(706) 864-2521
(706) 867-6840 (Fax)

Email: events@dahlongeumc.org
www.dahlongeumc.org

Name of Group _____

Nature of Event _____

Name of Responsible Party _____ Application Date ____/____/____

Mailing Address _____

Physical Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____

Two other people who will be present during the use of our facilities:

Name _____ Phone _____

Name _____ Phone _____

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Single Request

Requests Prior to Event (Circle one): Rehearsal, Set up, Other _____

Date ____/____/____ Day of Week: SU M T W TH F SA

Start time: _____ End time: _____ Arrival Time: _____ Departure: _____

___ Fellowship Hall ___ Sanctuary ___ Kitchen ___ Classroom ___ Choir Room ___ Pavilion

Event

Date ____/____/____ Day of Week: SU M T W TH F SA

Start time: _____ End time: _____ Arrival Time: _____ Departure: _____

___ Fellowship Hall ___ Sanctuary ___ Kitchen ___ Classroom ___ Choir Room ___ Pavilion

Re-occurring Request

Requests Prior to Event (Circle one): Rehearsal, Set up, Other _____

From Date ____/____/____ to Date ____/____/____

___ Weekly on SU M T W TH F SA

___ Monthly on 1st 2nd 3rd 4th Last Day of Week _____

___ Monthly on Day of Month _____ (Ex: 15th)

Start time: _____ End time: _____ Arrival Time: _____ Departure: _____

___ Fellowship Hall ___ Sanctuary ___ Kitchen ___ Classroom ___ Choir Room ___ Pavilion

Event

From Date ____/____/____ to Date ____/____/____

___ Weekly on SU M T W TH F SA

___ Monthly on 1st 2nd 3rd 4th Last Day of Week _____

___ Monthly on Day of Month _____ (Ex: 15th)

Start time: _____ End time: _____ Arrival Time: _____ Departure: _____

___ Fellowship Hall ___ Sanctuary ___ Kitchen ___ Classroom ___ Choir Room ___ Pavilion

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Audio/Visual (“A/V”) Services, Sound and A/V Equipment

Please note that for all events, other than funerals and memorial services,
the technician and equipment will need to be scheduled
at least two weeks in advance.

Please check equipment needed and the A/V Sound Technician
will contact you for more information and to discuss fees.

_____ Sound
_____ Floor Sound Monitors
_____ Microphones - enter number needed for each type: Voice _____ Instruments _____
_____ Instrumentation _____
_____ Other _____

AV/Sound Requirements

- Pictures will need to be in either .jpg or .png file format. (Please no album links.)
- Videos must be in MP4 video.
- Sound must be in MP3 audio.
- We can assemble a slide copy for pictures with audio if given at least a 72 hour notice.

All Pictures, Videos, Audio, can be given to the church office on a thumb drive or CD/DVD.
Or email as attachments or with a download link to events@dahlonegaumc.org.

Other Special Considerations

Please note that for all events, other than funerals and memorial services,
the Special Considerations will need to be scheduled
at least two weeks in advance.

Please check equipment and setup needed.

The church staff will contact you if more information or additional fees are required.

_____ Internet Wi-Fi
_____ Extra chairs on sanctuary stage - How many? _____
_____ Podium in Fellowship Hall
_____ TV Screen
_____ Other _____

Sanctuary furniture may not be moved except under supervision of church staff.

**DAHLONEGA UNITED METHODIST CHURCH
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(Please read carefully)

___ I have read and thoroughly understand all the requirements of Dahlongega United Methodist Church as they relate to the use of the facility, including the Facility and Property Use Guidelines and the Dahlongega United Methodist Safe Sanctuary Policy.

___ I (my organization, as well as those who participate) assume complete responsibility for all church property as well as those who participate.

___ I (my organization) will pay for all assessed damages for which we are liable within seven days.

___ I (my organization) I will return all keys assigned to me to the Church Office at the completion of my event or contract within 48 hours.

___ I (my organization) will use only that part of the building that I have reserved.

___ I (my organization) agree(s) to hold harmless, indemnify and defend Dahlongega United Methodist Church from any and all liability which may result from any person using the facilities within the scope of the application.

___ I (my organization) agree(s) to be responsible for preparing for use and returning to same condition in which it was found, all areas which are used, including entrances and exits.

___ I agree that the Church has first priority for any space within and I may be moved to another location in the church or another date should the Church require the space.

Agreed upon and signed: _____
Print name: _____
Date: _____

Post Event Inspection
Print Name: _____
Staff: _____

For Internal Office Use Only

Approved by _____ on ____/____/____
Name Date

State reason if not approved: _____

Entered on Calendar by _____ on ____/____/____
Name Date

Key Needed: ___ Fellowship Hall ___ Sanctuary ___ Kitchen ___ Classroom ___ Choir Room

Total Fee: _____

Deposit: _____

Balance Due: _____

Paid: _____