

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

PLEASE GIVE AN ESTIMATE NUMBER IN ATTENDANCE _____

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

PLEASE GIVE AN ESTIMATE NUMBER IN ATTENDANCE _____

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

PLEASE GIVE AN ESTIMATE NUMBER IN ATTENDANCE _____

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: _____

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

Use of any A/V system at DUMC must be requested via this application and checking the appropriate selection below. This includes items like microphones, speakers, and projectors. Use of an audio/video system is NOT included within the room rental fees, and will incur additional fees for equipment, setup, and if needed, a technician. Please note that all events, other than funerals and memorial services, the technician and equipment will need to be scheduled **at least two weeks in advance**.

Selecting **Yes** to either question below does NOT guarantee confirmation of A/V use. A DUMC technician will contact you for additional information and will be able to give you a quote for services requested. You will pay the A/V Tech directly, not the church.

Will you need sound support for your event? ___ Yes ___ No

Will you need video support for your event? ___ Yes ___ No

Clear Sanctuary Platform of ALL furniture (with the exception of Piano, Organ and Choir Loft Chairs) - **\$100**
___ Yes ___ No

Choir Loft Chairs can be removed for an additional **\$50** - ___ Yes ___ No

AV/Sound Requirements

- Pictures will need to be in either .jpg or .png file format. (Please no album links.) - 1080p resolution, with 720p being the minimum.
- Videos must be in MP4 video, 1080 resolution requested, with 720p being the minimum.
- Sound must be in MP3 audio.

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.

_____ Extra chairs on sanctuary stage - How many? _____

_____ Podium in Fellowship Hall

_____ Other _____

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

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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: _____