

# CENTRAL UNITED METHODIST CHURCH

17 Nanticoke Avenue      Endicott, NY 13760

**Application for use of facilities at Central United Methodist Church.  
Please submit request to the church office.**

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

*Group or individual making application:*

Name: \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_  
*(home) (work)*

Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Church member sponsoring event: \_\_\_\_\_

Facility will be used for *(type of event)* \_\_\_\_\_

Is this a profit-making project? \_\_\_\_\_

Number of people using the facilities. \_\_\_\_\_

Date of event: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*month day year*

Time requested: from \_\_\_\_\_ to \_\_\_\_\_ (include set-up and clean-up time)

Event time: from \_\_\_\_\_ to \_\_\_\_\_ (if different from above)

*(continued on reverse side)*

*The following fees have been approved by the Board of Trustees and the Church Council.*

