

Saint James United Methodist Church  
2049 North Honore Avenue  
Sarasota, Florida 34235  
(941) 377 – 6180 Fax: (941) 378-8911



- Church Member
- Non-Member

**APPLICATION FOR FACILITY USE**

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

Organization (if applicable): \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Event: \_\_\_\_\_ Approximate Attendance: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time(s) of Event: \_\_\_\_\_

Room(s) Needed: \_\_\_\_\_ Kitchen Use Required: Yes No (Circle One)

Name of person responsible for cleanup: \_\_\_\_\_ Phone: \_\_\_\_\_

*If kitchen use is requested, there must be a person assigned to cleanup immediately following the event and that person must be knowledgeable in the use of the kitchen equipment. See kitchen notebook.*

*All areas used by a group are to be left as they were found. We must be good stewards of our electricity, water and be responsible persons and not leave cleanup for another.*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trustee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

**Facility Use Fee:**

Schedule Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Other Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_