



SUNRISE UNITED METHODIST CHURCH  
 5420 Sunset Lake Road  
 Holly Springs, North Carolina

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

APPLICATION FOR USE OF CHURCH BUILDINGS AND GROUNDS

**Note:** The use of the buildings and grounds of Sunrise United Methodist Church is regulated by the Facilities Use Policies of Sunrise United Methodist Church. The applicant certifies with his/her signature that he/she is familiar with these policies and will ensure that the group he/she is representing will follow the rules and regulations set forth in these Policies.

NAME OF ORGANIZATION: \_\_\_\_\_

DESCRIPTION OF ORGANIZATION (Purpose and goals; need for use of facilities): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TOTAL MEMBERS: \_\_\_\_\_ TYPICAL NUMBER ATTENDING: \_\_\_\_\_

DESIRED MEETING DATE(S): \_\_\_\_\_ TIME: \_\_\_\_\_ -- \_\_\_\_\_

FREQUENCY OF MEETINGS: ONCE ONLY\_\_ / WEEKLY\_\_ / BIWEEKLY\_\_ / MONTHLY \_\_ / OTHER:\_\_

CIRCLE FACILITIES DESIRED:

Multi-purpose Room                      Class Room(s)                      Nursery                      Kitchen

USEAGE FEE according to Facilities Use Policies and Fee Schedule

MAKE CHECKS PAYABLE TO: Sunrise United Methodist Church

NAMES OF TWO RESPONSIBLE PERSONS (One of which must be present at any meeting.)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

APPLICANT

Name \_\_\_\_\_ Signature \_\_\_\_\_

Applicant's function in-group \_\_\_\_\_

Address \_\_\_\_\_ (if different from above)

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_



**For use by Board of Trustees only**

Approved / Disapproved by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PRIORITY NO. ASSIGNED: \_\_\_\_\_

USAGE FEE ESTABLISHED: \$\_\_\_\_\_ per \_\_\_\_\_