

Bellevue Heights United Methodist Church
2112 South Geddes Street, Syracuse, New York 13207 * Phone: (315)-475-0011
Email: bellevueheights@cnyemail.com

APPLICATION FOR SANCTUARY*

*There is a separate application for other building use.

Date application rec'd: _____ Nature of event: _____

Day & Date(s) of event: _____ Number of people: _____

Name of group/organization: _____

Person Completing Application: _____ Home: _____ - _____

Address: _____ Work: _____ - _____

City, State, ZIP: _____ Cell: _____ - _____

Email: _____

Every group must designate a person (Event Contact) who will be both present and responsible for the group on the day of the event.

Event Contact: _____ Home: _____ - _____

Address: _____ Work: _____ - _____

City, State, ZIP: _____ Cell: _____ - _____

Email: _____

Total # Hours of Use: _____ Set up/Clean up _____ to _____

Event Times _____ to _____

Is the public invited? _____ If yes, will a fee be charged? _____ Fee: _____

The applicant acknowledges receipt of copies of the "Guidelines for Use of Church Property" and the "Building Safety Policy" and agrees, if the application is approved, to comply with them when using the property.

Signature of applicant: _____

Additional Information: _____

Fee Schedule (This section completed by Trustees after application is reviewed at Trustees meeting.)

Usage Fee: _____ This fee is due upon notification of approval by Trustees, payable by check or money order to "Bellevue Heights United Methodist Church."

*Deposit: _____ Please pay in a separate check or money order payable to Bellevue Heights United Methodist Church.

**NOTE: This separate, refundable deposit, equal to the amount of the usage fee, will be required for each event, and will be returned upon the timely and satisfactory completion of all terms of this agreement.*

Date of Trustees review: _____ Church calendar checked/noted: _____

_____ Approved _____ Denied Comments: _____

Print name of Trustee

Signature of Trustee