

First United Methodist Church of Ferndale
Building Use Application

Name of Group: _____ 501c3 Yes or No

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail Address: _____

Purpose: _____

Date of use: _____ Arrival Time: _____ Departure Time: _____

Expected Attendance: _____ Admission Fee: _____

Will food be served? If so what kind? _____

Area(s) to be used:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Social Hall Room (112) | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Upper Level Conference Room (200) |
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Dishwasher | |
| <input type="checkbox"/> Audio/visual equipment | <input type="checkbox"/> Dishes | <input type="checkbox"/> Lower Level Conference Room (102) |
| <input type="checkbox"/> Room 201 | <input type="checkbox"/> Stoves | |
| <input type="checkbox"/> Room 104 | | |
| <input type="checkbox"/> Other _____ | | |

By using this facility you agree that you shall defend, indemnify and hold harmless the Ferndale First United Methodist Church, its officers, agents, and employees, from and against any and all loss, damage, injuries, action, cause of action, or liability of any kind what so ever resulting from or arising out of the use of the premises and the operations, activities, or undertakings of organization to be on the premises. The Church reserves the right to charge the rental group additional fees as a result of extra security and other church staff, excessive cleaning, or incurred damages. Any and all damages incurred and any additional charges deemed necessary to restore the facility and its property to its original condition will be the responsibility of the rental group.

Conditions: A 50% deposit is required to reserve the space. Remainder is due on day of event. Applications that are not filled out completely will not be considered. You will be contacted with of the status of your application. **Please write a brief description of your event and your mission statement on the back. Please allow us at least 30 days to approve your event.**

SIGNED BY Group Representative: _____

Date

Church Representatives: (3 of 4) Pastor: _____

Date

Council Chair: _____ Lay Leader: _____

Date

Date

Trustee Chair or Co- Chair: _____

**Excludes Weddings & funerals.*

Date

Please write a brief description of your event and your mission statement.

Group Name _____

Security Deposit

\$100 cash security deposit refundable within one week after event.

ROOMS /One Time Use

Half of the money down to reserve space
Room rental is \$25/hr. minimum of 2 hours
Excludes Kitchen and Social Hall
Excludes current church members.

Commercial Kitchen Use Only

Kitchen-\$22/hr. includes stove, oven, and counters (NO dishwasher and refrigerator)

Church member

Social Hall-\$100 for 2 hours
After 2 hours, rate is then \$25/hr.
With Social Hall or other room rental

Non-church member

Social Hall-\$200 for 2 hours
After 2 hours, rate is then \$25/hr.
With Social Hall or other room rental
Kitchen and Equipment-\$50 flat fee
Includes Stove, Oven, Refrigerator, Counters (NO Dishwasher)
No supplies, utensils, or dishes offered.

Dishwasher Person Fee

\$20 per hour

Social Hall and Kitchen
One Time Use

Deposit: _____

Discounts may be considered by board of trustees for public service groups such as AA, weight control, social justice

OFFICE USE ONLY

Notes:

Rental total hours:
Rental fee:
Other fees:
-deposit:
Total:

Door code:
Door code active times:

or assistance to immigrants.

Revised April 7, 2026