



**THALIA UNITED METHODIST CHURCH  
APPLICATION FOR USE OF FACILITIES**

For All Groups or Programs

Name of Organization/Activity: \_\_\_\_\_ Date Submitted \_\_\_\_\_

Is Organization/Activity "for profit" or "non-profit"? \_\_\_\_\_  
(If Non-Profit List EIN#) \_\_\_\_\_

Sponsoring Group or Committee: \_\_\_\_\_  
Head of Committee/Program Notified: (Y/N)

Goal of Assembly/Event/Program: \_\_\_\_\_

Describe Program: \_\_\_\_\_

Recurring Event? Yes \_\_\_\_ No \_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Frequency of requested usage :( weekly, monthly) \_\_\_\_\_

Exceptions to recurrence: \_\_\_\_\_

Date and Time of Meeting: \_\_\_\_\_  
(Indicate both the length of event and time needed for set-up)

Facilities/Spaces requested: \_\_\_\_\_  
(Social Hall & Kitchen are spaces and must be listed separately)

Approximate number of persons using requested space(s): \_\_\_\_\_

Age Ranges \_\_\_\_\_

Will there be Physical Activity Involved (Y/N) \_\_\_\_\_

Will a Certificate be issued at completion? \_\_\_\_\_

List of equipment to be used:

Owned by applicant: \_\_\_\_\_

Owned by TUMC: \_\_\_\_\_

Nursery Requested? Yes \_\_\_\_ No \_\_\_\_ Date request form submitted \_\_\_\_\_

Nursery Acceptance Signature \_\_\_\_\_

Name of responsible person: \_\_\_\_\_

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

Telephone/Email/Cell: \_\_\_\_\_

Alternate Contact & Phone: \_\_\_\_\_

**If you require special configurations of tables, chairs, or other equipment, please provide diagram on the third page.**

It is agreed that, if this application is approved, the use of the property is governed by Thalia UMC, Policies and Regulations for the Use of the Church and Facilities and the Social Hall & Kitchen Usage Procedures. I agree to comply with the Policies and Regulations; to reimburse Thalia United Methodist Church for any federal, state, and local taxes and fees incurred as a result of this use; and ensure that this use will not violate any laws or ordinance. **I further agree to leave the facilities/rooms in a clean and orderly state.** I understand that failure to conform to any of the above requirements will result in the immediate withdrawal of approval for use of facilities.

Amount of deposit (for use of Social Hall, and/or Kitchen): \$ \_\_\_\_\_

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Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

Deposit Received: \$ \_\_\_\_\_ by \_\_\_\_\_

Approved by Program Council: Date \_\_\_\_\_ Name: \_\_\_\_\_

Approved by Trustee Committee \_\_\_\_\_

Date placed on Church Calendar: \_\_\_\_\_ Copy to Sexton/Nursery: \_\_\_\_\_

Room Assigned: \_\_\_\_\_

**Thalia United Methodist Church  
4321 Virginia Beach Blvd.  
Virginia Beach, VA 23452**

Room Set-Up Description/Diagram:

