

## DUMC Facility Use Contract

*To be completed prior to use of facilities. Please make and retain a copy for your records.*

Date(s) of use \_\_\_\_\_ Hours of Use \_\_\_\_\_

Name of Organization \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Time Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Building(s)/Room(s) to be used \_\_\_\_\_

Describe intended use \_\_\_\_\_

Will food be served? Yes \_\_\_ No \_\_\_ Will food be cooked on premises? Yes \_\_\_ No \_\_\_

Describe any equipment that will be brought in to be used (tables, chairs, cooking equipment, recreation equipment etc.)

Does your organization have liability insurance that will extend to the use of our church facilities?

Yes \_\_\_ No \_\_\_ (Note: a certificate of liability insurance naming the church as certificate holder must be provided to the church no fewer than two weeks prior to the event's date along with payment in full, signed contract, and a \$150 refundable security deposit. Payment is accepted via check only at this time.)

Who is the person from your organization who will be responsible for the use of the facilities during event and proper locking of doors when use is concluded?

Name \_\_\_\_\_ Phone# \_\_\_\_\_

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

Responsible person: I agree to the above terms and will ensure that the Facility Use Policies as detailed in the document I have been provided by that name will be followed.

Signature of responsible person: \_\_\_\_\_ Date: \_\_\_\_\_

Church personnel who can be contacted in case of emergency:

Dick Dowell, Trustees President	408-828-9298 (cell)
Brian Horsfield, Facility Manager	530-902-5796 (cell)
Chris Vincenti, Office Manager	530-756-2170, davisumc@davisumc.org

<i>Office Use Only</i>	
<input type="checkbox"/>	Security Deposit
	• Date Rec'd _____
	• Date Returned _____
<input type="checkbox"/>	Rental Fee: _____ Date _____
<input type="checkbox"/>	Insurance Verified Date _____