

**Sandy Mount United Methodist Church
2101 Old Westminster Pike
Finksburg, Maryland 21048
Phone Number 410 861-5788**

SMUMC Facility Use Request

Date of Request _____

Name of Organization _____

Reason for Request _____

Date(s) Requested for Use _____

(Request should be received 30 days prior to use if possible)

Time(s) Requested for Use of Facility _____

Facility/Room(s) Requested: Sanctuary() New FH() Old FH() Parlor() Adult SS Rm() Library()
Kitchen() Choir Rm() New S.S. Wing Rm(s)(Red, Yellow, Green, Blue)
Nursery() Cribbery() Other (list area)_____ ()

Number of Individuals Expected to Attend Adults _____ Children _____

Equipment Requested Tables _____ Chairs _____

Equipment _____

“Organizations” not individuals need to include an insurance certificate.

Organization Representative _____ Phone _____

Church Representative _____ Phone _____

Please contact the church office or church representative if the event is cancelled or postponed. Also contact the church if there are any changes to the initial request.

Approved/Disapproved

Approved/Disapproved

Pastor

Trustee Representative