Lisbon United Methodist Church
RESERVATION REQUEST

Date/Time: _____ _____
(Date) (Time)

Contact: _____ Tel. # _____ _____
(Home) (other)

eMail Address: _____

Mailing Address: _____

1. Security deposit of **$50** (required for non-member). Rental fee for Non-Members is **$200 for five** hours (this period of time includes set-up and clean-up*).

*NOTE: Clean-up must be done at conclusion of the event when a caretaker will review the premises. If review is satisfactory the security deposit will be returned. A checklist is attached and includes the following: empty the trash and take away from premises, remove decorations, clean tables and floors.

2. Contact must be present during the event and is responsible for guests behavior.

3. No alcoholic beverages, tobacco or illegal substances are allowed on the premises.

4. Rental of Church is for: (Pick one)

Entire Building: _____

Sanctuary Only: _____

Kitchen/Dining Room: _____

5. "I agree to the above terms:

- _____ _____
  Member (Contact) signature Date
- _____ **$50** security deposit received _____
  Non-member (Contact) signature Date
- Deposit returned: _____
  Date