

LISBON UNITED METHODIST CHURCH
BUILDING USE RESERVATION FORM

Reservation Date and Time: ___/___/___ Start Time: _____ End Time: _____

Contact Person: (please print) _____

Mailing Address: _____

Email Address: _____

Home or Cell Phone: _____

A fifty dollar (\$50) security deposit is required at the time the reservation is made and is refundable if spaces are cleaned after use. Cleaning shall include: emptying trash receptacles and taking the trash with you, removing decorations, sweeping floor, cleaning tables and set up dining room the way it was when you arrived.

If the kitchen is used, please sweep the floor, wipe down counters and stove tops.

The contact person must be present during the event and is responsible for the guests' behavior.

There shall be no smoking, alcoholic beverages or illegal substances allowed on the premises.

The rental fee for the dining room is: \$200 (with \$50 deposit returned if clean)

If the kitchen is needed, there is a rate of: \$ 25 for each hour of the event.

This rental is for: Dining Room ___ Kitchen ___

If you agree to these terms please sign: _____

Date: ___/___/___

Please make checks payable to: Lisbon United Methodist Church

For Church Use Only:

Deposit Received: ___ Returned: ___ Payment Received: \$_____ by: _____