

BUILDING USE FORM. – Please fill out and return with check to the church office

**Emmanuel Community United Methodist Church
N84 W16707 Menomonee Avenue
Menomonee Falls, WI 53051
262-251-3830**

Name of group/individual _____

Contact person _____

Address _____

Phone _____

Statement of purpose _____

Connection to a larger organization (if applicable) _____

Approximate number of persons _____

Frequency of meetings _____

Date and time of event _____

Name of room(s) needed _____

Equipment/custodial needs _____

- **Groups/individuals will be expected to do own set-up and takedown of tables, chairs, etc.**
- **All areas used by individuals or groups will be cleaned properly and trash removed after the event by the users.**
- **The building use policy is subject to change at the discretion of the Trustees**
- **The church property is smoke, alcohol, and drug free.**

Signature of responsible person

date

Room(s) used _____

Cost _____

Security deposit of \$50.00 _____ collected _____ returned _____ retained