

**Building  
Use  
Application**

**Woodside United Methodist Church**  
 8900 Georgia Avenue \* Silver Spring, MD 20910  
 www.woodsideumc.org  
**woodsideumc@verizon.net**  
 Te: 301-587-1215 \* fax: 301-589-6338

**Key Check Out/Return**

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Phone)

\_\_\_\_\_  
 (Key #)

Date: \_\_\_\_\_

Name of Organization/Group: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

On Site Liaison: \_\_\_\_\_

*(This member of your organization will be on premises throughout your event and may be contacted by church staff if necessary)*

On Site Liaison Phone: \_\_\_\_\_

**Space Requested**

- Sanctuary\* (capacity 500)
- Chapel \* (capacity 100)
- Fellowship Hall (capacity 250)
- Gymnasium (capacity 50)
- Classroom 144 (capacity 30)
- Library (capacity 10)

*\*Fees and use Require Pastoral Approval*

**Date(s) & Time(s) Requested**

**Please include set up & clean up for Start/Finish Times**

Date:		Date:		Date:	
Start	Finish	Start	Finish	Start	Finish

**Purpose of Meeting or Activity**


Number of Participants Expected (within 10%)

Number of Parking Spaces Requested (within 10%)

**Furnishings and Equipment Needed**

Tables
Chairs
Other (specify)

**Equipment/ Food you plan to bring**


The applicant (person and/or organization) will be responsible for any loss or damage to the space or property of the church it uses unless it can prove to the satisfaction of the Building User committee chairperson that said loss or damage is not attributable in any way to its use of the building. Before signing this application, I acknowledge that I have read and understand use of the requested facilities is subject to all terms and conditions set forth in this application (which includes Building Use Rules and Rules for Key holders)

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