

**FACILITY REQUEST FORM**  
**BELIN MEMORIAL UNITED METHODIST CHURCH**  
**FAMILY LIFE CENTER**  
P. O. Box 528, Murrells Inlet, SC 29576  
(843)-651-9711 Fax (843)-651-9702

Organization: \_\_\_\_\_ Function/Event \_\_\_\_\_

Responsible Party \_\_\_\_\_ Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

Event Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_; \_\_\_\_\_ Day of Week: \_\_\_\_\_

Start Time: \_\_\_\_\_ a.m./p.m. End Time: \_\_\_\_\_ a.m./p.m. Expected No. \_\_\_\_\_

Belin Sponsored Function: \_\_\_\_\_ Non-Belin Sponsored Function: \_\_\_\_\_

**Requested Areas:**

_____ Entire Building	_____ Gym	
_____ Kitchen	_____ Serving/Prep	_____ Dining Room
_____ Hope Class	_____ Joy Class	_____ Belin Class
_____ M. Floyd Class	_____ Resource Room	_____ Director's Office
_____ Parlor	_____ Sr. High Room	_____ Jr. High Room

**Equipment:**

_____ Chairs # _____	_____ Round Tables # _____
_____ Podium	_____ Rect. Tables # _____

Media Equipment: \_\_\_\_\_

Misc. Equipment: \_\_\_\_\_

**Rental Agreement**

\$ \_\_\_\_\_ Rental Fee: \_\_\_\_\_

\$ \_\_\_\_\_ Custodial Fee: \_\_\_\_\_

\$ \_\_\_\_\_ SUB-TOTAL

\$ \_\_\_\_\_ Security Deposit: (30-day cancellation notice for refund)

\$ \_\_\_\_\_ **TOTAL** - Balance due 48 hours prior to scheduled event

Misc. Notes: \_\_\_\_\_

**I am responsible for the policies and procedures of the Belin Family Life Center and agree to leave the facility in the condition in which I found it. NO ALHOHOL PERMITTED ON PREMISES. I hereby release, relinquish, hold harmless and indemnify Belin Memorial United Methodist Church of and from any and all claims or damages of whatsoever nature, which may hereafter accrue in association with the above scheduled function. The undersigned further states that (s)he has carefully read the foregoing Release and Indemnification Agreement and knows the contents hereof and that (s)he signs the same as his/her own free act and deed. IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.**

WITNESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Responsible Party