FACILITIES REQUEST FORM

Liberty United Methodist Church 3091 Liberty Church Road White Plains, Georgia 30678

REQUESTING PARTY:					
Name	Date of Request				
Address					
City	State	Zip	Zip		
Phone (Home)	(Cell)				
MEMBERSHIP STATUS (check of Member	one):				
Non-Member (Fees Required)					
EVENT (check one): Wedding (If the request is for a Information Form.) Other (Describe)			_		
DATES and TIMES: Sanctuary:					
Rehearsal:	(Date)	(2 hour maximum)	_ (Time)		
Wedding:	(Date)	(2 hour maximum) (5 hour maximum)	_(Time)		
Other:	(Date)	(5 hour maximum) (5 hour maximum)	_(Time)		
		(5 hour maximum)			
Fellowship Building: Reception:	(Date)		(Time)		
reception.	(Date) _	(5 hour maximum)	_ (111110)		
Other:					
		(5 hour maximum)			

FEES:

Checks should be made payable to "Liberty United Methodist Church." In the event that your plans change, please notify your contact person as soon as possible to reschedule or cancel so that the original date can be released to someone else.

	<u>ry:</u> (Total Fee \$250.00)	a at aiomina			
	Non-refundable \$125.00 du Balance of \$125.00 due 30		ent		
1	nip Building: (Total Fee \$ Non-refundable \$75.00 due Balance of \$75.00 due 30 d	e at signing	t		
Total Fe	<u>es:</u> Non-refundable fees paid:	Check #:	Date:	Amount:	\$
I	Balance due fees paid:	Check #:	Date:	Amount:	\$
			Total Paid	:	\$
members at the restored to orde	ate cleaning deposit check time final fees are paid. T	his deposit will	be returned i	if facilitie	es are cleaned and
	NT: eceived and read a copy of For Use of Facilities" and h	•			
Signed			Date		
Liberty UMO	C contact information:				
Trustees: V	Vill Fowlkes 912)398-7584 - Cell Phone	2 of 2			

[Revised October18, 2019] [Trustee Name Changed May 1, 2024]