Application for use of Building Space – Hope United Methodist Church

Please complete and SIGN this form. If it is not signed, it will be sent back to you.

Mail or deliver to Hope UMC, 301 W. St. Marie St., Duluth, MN 55803

FEE SCHEDULE FOR HOPE UMC CHURCH FACILITIES

Please check appropriate boxes below for the room(s) you are requesting

**REGULAR ROOM FEE NON-PROFIT**

*Please note that our fee schedule has been revised* **COMMUNITY GROUP**

**(Suggested Donation)**

**Sanctuary** $150.00  $75.00

**Mathison Room** (Limit 30) $25.00  $10.00

**Sunday school Room** (Limit 15-20) $25.00  $10.00

**Fellowship Hall**  $100.00  $75.00

**Kitchen – catered food**  $50.00  $25.00

**\*Kitchen – food prep** $100.00  $100.00

**Custodial Fee** $50.00  $50.00

**\*Wedding Coordinator Fee** $150.00  N/A

**Additional charge for event longer than 4 hours** $15.00  $15.00

*(Custodial Fee applies to all events and includes setting up and taking down tables & chairs, sweeping/mopping floors as needed, and taking out garbage.)*

*\*For weddings and funerals additional fees may apply.*

*\*If you are using the kitchen to make food for the public, you will need to apply for a food license through St. Louis Cty.*NOTE: Renters must provide their own supplies—coffee, napkins, paper plates, etc. You are welcome to use our dishes and dishwasher for an additional fee of $50.00.

Name of Person Making Request Email Phone Number

Organization Address Phone Number

Type of Activity/Event Date of Event

Start time—End time (including set-up and clean-up) Event starting time

Will there be a fee charged to participants of your event? Yes No (If yes, regular room fee will apply)

Equipment Requested: Round Tables #\_\_\_\_\_\_ Rectangular Tables #\_\_\_\_\_\_ Chairs #\_\_\_\_\_\_

(seat up to 8) (seat up to 10)

TV/DVD/VCR Coffee Pot Microphone Screen (sanctuary only) Easel

I accept responsibility to supervise the above named group in accordance with the building use agreement.

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

Total Fees (or Donation) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Add together all checked boxes from fee schedule above)

Please include payment with this application form (make checks out to Hope UMC).

On-site Hope representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(required)