

**Bold Spring United Methodist Church
Community Life Center
Center Use Request Form**

Name of Organization/Group or Individual _____

Choice Event Date _____ Set-up Time _____ Event Time _____

2nd Choice Event Date _____

Event to Be Held _____

Estimated Attendance _____ Will Food Be Served? _____ Yes _____ No

Name of Caterer _____

Will There Be A Band Or DJ? _____ Yes _____ No

Name of Band or DJ _____

Contact Information

Name _____ Phone Number _____

E-Mail _____ Address: _____

Center Activities Coordinator

Name _____ Phone Number _____

As the person responsible for use of the Community Life Center, I have read the Use Rules and Regulations document and I hereby agree to abide by the rules, regulations and directives stated. I also agree to hold Bold Spring United Methodist Church, the individual members thereof and all officers, agents and employees free and harmless from any loss, damage, liability, cost of expense that may arise during, or caused in any way by, such use or occupancy of the Center.

Sign _____ Date _____