

**Non-Church-Sponsored Building Use Request**  
First Unitarian Church, South Bend

Thanks for your interest in using the First Unitarian Church, South Bend as a venue for your upcoming event or meeting(s). In order for us to consider approval of your use, we ask that you complete this form that provides us all of the information needed to make an informed decision. Before completing this form, please read our *Building Use Policy*, which outlines our philosophy regarding outside building use; and the *Procedures for the One-time Use of the Church Facilities* document, which covers our basic building use policies and fees. (Note: Much of this also pertains to any on-going use.)

After returning this form to the church office, your request will be considered. One-time use often can be approved by the church office, however, any request for repeating (regular) use and/or usage fee adjustment must be approved by the Board of Trustees, generally at a regular monthly meeting. **If approved, we will forward our Building Use Agreement for your signature.** This document will clearly define the building use (date(s), times, rooms), other parameters, requirements and the associated fees.

If you have questions or need assistance with this form, call the church office 9 am to 12 noon, Monday-Friday, at 574.234.6588, or email [office@firstunitarian.us](mailto:office@firstunitarian.us).

*Please fill in all fields below. If a field does not apply, enter "NA."*

Group Name: \_\_\_\_\_

Group Mission/Purpose: \_\_\_\_\_  
\_\_\_\_\_

Title of Event/Meeting: \_\_\_\_\_

Event/Meeting Purpose: \_\_\_\_\_

Expected number of participants: \_\_\_\_\_

Date(s) Requested: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ and : \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Or if on-going, please specify: \_\_\_\_\_

Event/Meeting Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Time requested for: Set-up: \_\_\_\_\_ Clean-up: \_\_\_\_\_

*You can check room availability by going to the church calendar on our website.*

Room(s) requested (see applicable fees or Procedures form):

\_\_\_\_\_ Conference room (seats 28-32 comfortably; tables must remain in room)

\_\_\_\_\_ Sanctuary (seats maximum of 155)

\_\_\_\_\_ Foyer

\_\_\_\_\_ Classroom (seats 8-10 comfortably)

\_\_\_\_\_ Kitchen use: \_\_\_\_\_ Yes \_\_\_\_\_ No

(Note: Our kitchen is classified as a "warming kitchen" and is not Health Department approved.)

If Kitchen Use, please specify exact needs/plans: \_\_\_\_\_

Sound System use (Sanctuary and Foyer) requested: \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Special equipment/furniture needed: \_\_\_\_\_

**Document submitted by or contact should be addressed to:**

Contact person Name: \_\_\_\_\_

Phone # \_\_\_\_\_

e-mail address \_\_\_\_\_

***For Office Use Only***

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Date received by church office: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Date sent for approval (as needed): \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Approved By: \_\_\_\_\_ Office \_\_\_\_\_ Minister \_\_\_\_\_ Board

\_\_\_\_\_ Approved or \_\_\_\_\_ Rejected Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Approved as is: \_\_\_\_\_ - Yes \_\_\_\_\_ No

If changes, describe: \_\_\_\_\_

Designated Volunteer or Staff Use Coordinator: \_\_\_\_\_

**Fees:** \_\_\_\_\_ Standard \_\_\_\_\_ Reduced, specifically: \_\_\_\_\_ Free

\_\_\_\_\_ Room @ \_\_\_\_\_ per hour X \_\_\_\_\_ Hours = \$ \_\_\_\_\_ Total

Date Usage Agreement sent to contact: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Method of delivery: \_\_\_\_\_ E-mail \_\_\_\_\_ In person

Date Signed Usage Agreement Received: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_