

Cleveland United Methodist Church
112 E. Kytile Street
P. O. Box 1226
Cleveland, Georgia 30528
Church Office: 706-865-2228

Event Contract

Name of Organization: _____

Type of Event: _____

Organization Representative's Name: _____

Current Mailing Address: _____

Telephone Numbers:
(Home) _____ (Office) _____ (Cell) _____

Email Address: _____ Number in Group: _____

Date(s) and Time Facility Needed: _____

Facility Needed: (Please check all that apply)

_____ Sanctuary	_____ Choir
_____ Fellowship Hall	_____ Outdoors
_____ Kitchen	_____ Classroom(s)

As the organization representative, I understand and agree to abide by all the rules and guidelines and failure to do so will result in my forfeiting the Security Deposit. Likewise, if damage occurs to the building, grounds, furniture or equipment because of my organization's event, I also forfeit my Security Deposit. I also understand that Cleveland United Methodist Church maintains the right to terminate this contract at any time should the conditions be violated by my organization.

Security Deposit: \$25.00 Date of Security Deposit: _____

Representative's Signature: _____ Date _____

Cleveland UMC Representative: _____ Date _____

Balance of fee received: Amount: _____ Date: _____

Security Deposit Returned: _____yes
_____no Key Returned: _____