

**APPLICATION TO USE LURAY UNITED METHODIST CHURCH**

1 West Main Street \* P.O. Box 606 \* Luray, VA 22835 \* Phone: 743-6540, Fax: 743-9109

Email: [lurayumc@embarqmail.com](mailto:lurayumc@embarqmail.com) \* Web: lurayumc.org

Rev. Erich Bennett 843-0389 \* Church Office Hours: Tues-Fri: 9am-1pm

Name of Organization or Individual: \_\_\_\_\_

If Organization, Name of Person in Charge: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Are you a member of LUMC? \_\_\_\_\_

What do you wish to use the church for? \_\_\_\_\_

\_\_\_\_\_

Which part of the church do you wish to use? Sanctuary \_\_\_\_\_ Fellowship Hall \_\_\_\_\_ Nursery \_\_\_\_\_

Kitchen \_\_\_\_\_ Classroom \_\_\_\_\_ Underground \_\_\_\_\_ Auditorium \_\_\_\_\_ Other \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Time Event Starts: \_\_\_\_\_ am/pm Time Event Ends: \_\_\_\_\_ am/pm

How often do you wish to use the church? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Liability Coverage: \_\_\_\_\_

I/We acknowledge that I/We have read and understand the attached LUMC Use Policy and agree to abide by said policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**  
\*\*\*\*\*

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Fees: \_\_\_\_\_ Key Issued: \_\_\_\_\_ Key Returned: \_\_\_\_\_