

# Building Use Policy

## Junction City United Methodist Church

Updated 2024

**Please Email the Church Office to Schedule Your Event**

**Junctioncityumc@gmail.com**

**Form Can be Printed from Our Website:**

**junctioncityorumc.org**

**Non - Profit Organizations:** Room fees may be waived but cleaning fee will be charged. Please contact the church office to discuss your rental needs.

**JCUMC Current Members/Regular Attendees:** Room fees are waived but cleaning fee will be charged.

### Room Rates:

#### Half Day = 5 hours or less

#### Full Day = 6 + hours

Fellowship Hall & Kitchen:

Half Day: \$150

Full Day: \$300

Sanctuary:

Half Day: \$125

Full Day: \$250

Upstairs Meeting Room:

Full Day: \$ 75

Sanctuary/Hall/Kitchen for Weddings:

Full Day: \$350

Parking Lot

To Be Determined by Event

### Additional Fees:

- \$100 Refundable Security Deposit is required at the time of booking to secure the date.
- \$50 cleaning fee will be charged to all events that book the kitchen. If the kitchen is not used, the cleaning fee will be reduced to \$25.
- \$100 Musician Fee for Pianist (date must be cleared with pianist before booking can be confirmed).
- All Memorial Services, regardless of church membership, are offered by JCUMC as a gift to the community. Cleaning and musician fees will not be waived.
- The Pastor of JCUMC will officiate at all services at the Pastor's discretion. The Pastor's professional fee will be negotiated directly with the Pastor.
- All fees must be paid in full one week prior to the event. Refundable deposit will be returned once the building key is returned to office (or within 7 days).

### General Rules for Facility Use:

1. All groups must read and acknowledge receipt of JCUMC's Safe Sanctuary Policy. All groups are expected to abide by that policy for the safety of all who enter the building.

2. Facility must be put back in the same way it was found. Extra tables and chairs must be returned to the storage area, all trash removed to outside bins, dishes washed, dried and put away, all appliances and lights turned off and doors locked. Please do not leave perishables in the refrigerator or kitchen unless prior approval is granted.
3. No smoking permitted on church property.
4. No consumption of alcohol consumed on property.
5. Fireplace in Fellowship Hall is not usable for any reason.
6. The United Methodist Women may be available to provide refreshments. Please contact Kathleen Huston at 541-998-3114 for cost and menu.
7. Removal of furniture from any room is not permitted unless prior arrangements have been made.
8. Decorations in the Sanctuary & Fellowship Hall must be approved prior to the event.
9. Outside musicians may use the organ/piano with permission of the Music Director.
10. Church policy prohibits sale of tickets or an admission charge without prior approval of JCUMC Leadership.
11. The Church reserves the right to cancel building use for an event that has been misrepresented.
12. Adults must supervise children at all times in all areas (see Safe Sanctuary Policy). Babysitting is not provided by the church.
13. Arrangements for building entry should be made with the church office prior to the event. If a key is issued, the key must be returned within 7 days after the event.
14. Proof of Liability Insurance may be required for your event. If required for your event, the policy must name JCUMC as additional insured.

## Building Use Contract

Date of Event: \_\_\_\_\_ Date Contract Signed: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

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

Special Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please sign here to acknowledge our NO ALCOHOL Policy \_\_\_\_\_

**Checks Payable:** Junction City United Methodist Church

**Credit Card Payments:** Add 3.5% Processing Fee to Rental Fee.

### For Office Use Only:

Date Paid: \_\_\_\_\_ Key Issued? \_\_\_\_\_ Added to Calendar? \_\_\_\_\_

Proof of Insurance: (Circle) Needed Not Needed Insurance Verified: YES NO

Total Fees Collected: \$ \_\_\_\_\_ Deposit Paid: \$ \_\_\_\_\_

Deposit Refunded: \$ \_\_\_\_\_ Date Returned: \_\_\_\_\_