

EBENEZER UNITED METHODIST CHURCH

3330 CLEVELAND AVE., COLUMBUS, OH 43224

Tel. 614 447 1500

**APPLICATION FOR USE OF EUMC HALL/ FACILITIES**

**Applicant Name:**

**Address**:

**City/State/ZIP**:

**Phone** #:

[**NOTE**: Applicant **MUST** be a member of EUMC if requesting resident rate]

**Rental Date**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **From** \_\_\_\_\_\_\_\_ am / pm **to** \_\_\_\_\_\_\_\_ am / pm

We hereby request the use of the EUMC HALL/ FACILITIES at 3330 Cleveland Avenue for the following event:

\_\_\_\_ Wedding Reception/ Anniversary \_\_\_\_ Funeral \_\_\_\_ 50th Wedding Anniversary

\_\_\_\_ Retirement Party \_\_\_\_ Birthday Party \_\_\_\_ Graduation Party \_\_\_\_ Family Reunion

\_\_\_\_ Other (describe)

Please provide the requested information on the individuals who are being honored at the event, (i.e. bride/groom, husband/wife, retiree, graduate, etc.)

Name:

Address:

Phone #:

Relationship to Applicant:

Justification for EUMC resident rental rate (if applicable):

\_\_\_\_ Applicant is a member of **EUMC.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Signature of Applicant Date of Application**