



**Facility Usage Form for Scouting Groups
Cape St. Claire United Methodist Church**

Name of organization _____

Contact person (1) _____

Phone & E-mail _____

Contact person (2) _____

Phone & E-mail _____

Mailing Address of organization or contact person:

Space to be used _____

Day(s) Scheduled _____

Time Scheduled _____

Fee agreed upon: No fee, but if you would like to give a donation to help offset the cost of utilities and building maintenance, it would be greatly appreciated.

Start Date _____

Key given to _____ Date _____

Key returned date _____

(Trustee Signature)

(Signature of Contact)