



**General Facility Usage Form  
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 \_\_\_\_\_

Start Date \_\_\_\_\_

Key given to \_\_\_\_\_ Date \_\_\_\_\_

Key returned date \_\_\_\_\_

\_\_\_\_\_

(Trustee Signature)

\_\_\_\_\_

(Signature of Contact)