BUILDING USE APPLICATION/AGREEMENT

DIXON UNITED METHODIST CHURCH 209 North Jefferson Street Dixon, CA 95620 Telephone: 707-678-2191 Email: dixonumc@att.net

On behalf of Event/Organization/Pe	
	rson
I,Name	,
Address request my group be allowed to use the following D	, Telephone & Email ixon United Methodist Church facilities:
Date:Time:	
Ours is a non-profit organization. We expect approximation of the charging an admission fee of \$ per person.	ximately attendees, and we will be
Please provide the following rooms, special equipm	ent, or furniture for our use:
Methodist Church Building Insurance Requireme	
Donation Schedule. I agree, on behalf of my organ requirements and to include advance payment of ou A copy of the Certification of Insurance will be p	ization, to abide by all rules and r donation.
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