

**GRANGER UNITED METHODIST CHURCH
1235 GRANGER RD., MEDINA, OH**

**BUILDING USE AGREEMENT
(For weekly /ongoing events)**

NAME OF GROUP _____

CONTACT PERSON _____ **EMAIL:** _____

CONTACT PERSON'S PHONE & ADDRESS _____

THE DATE(S) FACILITIES ARE NEEDED: _____

(Use back if necessary)

TIME OF DAY ROOM IS NEEDED: _____

WHAT SIZE ROOM IS NEEDED (how many to attend meeting(s): _____

Signature & Date

Staff signature & Date

***At end of agreement/term - please return key, or a re-keying charge will be assessed.**

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FOR OFFICE USE ONLY

KEY GIVEN to _____ **: Date** _____ **Returned** _____

Fee for use: yes no