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APPLICATION FOR USE OF FACILITIES CENTENARY UNITED METHODIST CHURCH (CUMC)

APPLICANT (Group Name)				
GROUP LEADER				
ADDRESS				
EMAIL				
SINGLE DATE		, From (hour)	to	
RECURRING TIMES:				
Once per Week:	(day)	, From	to	
Once per Month,	(eg, 1 st Mon)	, From	to	
Other,(eg, mm/d	d/yyyy to mm/dd/	/yyyy, Mon-Fri,	_am topm)	
PURPOSE OF USE (Please	e provide details) ₋			
ESTIMATED ATTENDANCI	F			

FACILITY USE SCHEDULE OF FEES

SPACE	FEE	REQUEST ()	CHARGE
Sanctuary	\$ 1000.00		
Chapel	\$ 350.00		
Social Hall	\$ 750.00		
Kitchen	\$ 350.00	-	
Multi-Purpose Room	\$ 350.00		
Flexible Space (Room 203)	\$ 300.00		
Conference B (Room 201)	\$ 200.00		
		Space Total:	

PERSONNEL	FEE/HONORARIUM	REQUEST ()	CHARGE
Key Host	\$ 150.00		
Custodian	\$ 150.00		
Sound Technician	\$ 150.00		
Church Organist	\$ 200.00		
Clergy	\$ 300.00		
Security	\$ 150.00		
Personnel Total:			

TOTAL	(Space+	Personnel:	

Note 1: For weddings and funerals or memorial services, Centenary United Methodist Church members are not assessed fees for the use of facilities nor honoraria for clergy services.

Note 2: Fees are negotiable for groups affiliated with Centenary or the United Methodist Church. Refer to Paragraph D of the Facility Use Policy.

Note 3: Payment of the fees, if applicable, must be received in the office of Centenary United Methodist Church at least two weeks prior to the event.

Applicant has read and agrees to all terms and conditions in CUMC's Facility Use Policy

Signature of Group Leader	Title or official capacity
Printed Name of Group Leader	Date
CUMC ApprovalFor the Board of Trustees	 S Date