

Agreement for Mount Zion Facility Use

Please print legibly

Name: _____

Address: _____ Phone _____

City: _____ Zip: _____

Email: _____

Please describe below the nature of your need for use of Mount Zion UMC facility.

What day and time will you be meeting? _____

How many do you have in your group? _____ Ages of children/youth involved _____

For office use

Safe Sanctuary Training Attained ___/___/___

Building Use Policy ___/___/___

Bedrock Beliefs ___/___/___

By signing below you agree to certify that the information contained in this application is complete, accurate, and not misleading in any way. By signing I agree to submit to the building use and safe sanctuary policies of Mount Zion United Methodist Church, and to refrain from teaching any beliefs that would conflict with Mount Zion's nine bedrock beliefs.

Signature _____ Date ___/___/___

I understand that my dates will be placed on the calendar and to the church's best ability we will honor those dates. But do to the ministry of Mount Zion UMC, we reserve the right to make changes to the calendar if needed.

Signature _____ Date ___/___/___