Highland Valley United Methodist Church

15224 Chenal Parkway | Little Rock, Arkansas 72211‐2018

Phone: 501‐224‐6047

Email: [office@hvumc.org](mailto:office@hvumc.org) | website: [www.hvumc.org](http://www.hvumc.org)

OUTSIDE GROUP FACILITIES USE GUIDELINES

The facilities of Highland Valley United Methodist Church (HVUMC) are intended for use to carry out the Mission of the Church (*to know Christ and share Christ*) by providing for the worship, education and fellowship needs of HVUMC and the community. The following regulations are intended to ensure that groups using HVUMC facilities understand their responsibilities and limitations regarding the use and care of the facilities.

* Keys may be checked out at the church office on the day of the event or, if the event is on a Friday, Saturday or Sunday, on Thursday prior to the event. Keys should be dropped through the mail slot on the Sanctuary door following the event.
* Fees must be paid in full not later than one business day before the event (Office Hours: Monday - Thursday, 8:30 am to 4:30 pm).
* No religious services or worship paraphernalia (other than preapproved Orthodox Christian practices) are permitted on HVUMC property.
* The Group is to leave the room(s)/area(s) used as they found them upon arrival.
* The Group is responsible for cleaning all areas used.
* All trash should be taken to the dumpster. The dumpster is at the back of the upper church lot.
* The Group will remain in the area/room reserved on the Event Form.
* The Group is responsible for any/all damages caused by its activities.
* Helium balloons are permitted; however, they must be removed completely from the premises.
* HVUMC is not responsible for the damage to or loss of personal property or for injuries sustained on church properties.
* Smoking, vaping, and the use of tobacco products, alcoholic beverages, or illegal drugs are prohibited anywhere on church property.
* The Group will use air conditioning and lights only when needed.
* The Group will assure all windows are shut and outside doors are locked at the time of departure.
* No animals are allowed on premises other than service animals unless preapproved.

**\*\*Failure to follow any of these guidelines will result in the forfeiture of your deposit.\*\***

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OUTSIDE GROUP ROOM USAGE FEES

The following church facilities will be available for use in four-hour time slots, with the exception of mission teams using the facilities for overnight stays and sports usage. Events requiring more than four hours from the preparation through clean-up must schedule more than one four-hour segment. Charges, excluding any required police/security fees, are as follows:

1. Sanctuary – See the Wedding Policy
2. Classrooms, for each time slot - $40
3. Parlor, for each time slot - $75.00
4. Kitchen, for each time slot:
5. Usage deposit of $50 due upon reservation
6. If kitchen is restored to its original state, upon inspection by church staff, deposit will be refunded.
7. If cleaning services are required, the deposit will not be refunded.
8. Instructions for kitchen usage are outlined in greater detail in the Kitchen User’s Manual located in the Church Kitchen.
9. Family Life Center: $300 deposit required
10. Social Events - $300/ 4 hour time slot ($100 for each additional hour needed)
11. Sports Usage - $50/hour
12. Cancellation Policy (*for reasons other than weather related*):
13. Either entity has a minimum 30-day cancellation notice requirement to terminate all long-term use agreements.
14. Terminations of short-term usage agreements require a 48-hour notice for full refund.

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OUTSIDE GROUP EVENT FORM

Please fill out completely and turn in to Tami Bean or Kimberly Trice at the Church office as soon as possible to ensure the event getting on the Church calendar to prevent scheduling conflicts. If the church has an unprecedented event, we will do our best to reschedule your event or refund your deposit. If you have any questions, please contact the church office. Event Form must be received at least 10 days prior to event.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION NAME:** | | | | |  | | | | | | |
|  | | | | |  | | | | | | |
| **CONTACT/RESPONSIBLE PERSON’S NAME:** | | | | |  | | | | | | |
|  | | | | |  |  |  | | | | | |
| **CONTACT PHONE:** | | | | |  |  | **CONTACT EMAIL:** | | | | | |
|  | | | | | | | | | | | |
| **TYPE OF EVENT:** | |  | | | | | | | | | |
|  | | | | |  | | | | | | |
| **DATE OF EVENT:** | | | | | **ESTIMATED # OF PARTICIPANTS:** | | | | | | |
|  | |  | |  | | | |  | |  | |
| **TIME OF EVENT:** | **START:** | | **END:** | | | |  | |  | |
|  | | | | | | | | | | | |
| **FREQUENCY – ONCE DAILY WEEKLY MONTHLY** **OTHER:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **IF MINISTRY RELATED, WHICH AREA:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **STAFF PERSON CONTACT:** | | | | | | | | | | | |
|  | | | | | | | | | | | |

**WHICH ROOM IS BEING REQUESTED?**

Sanctuary Chapel Youth Area

Kitchen Family Life Center Parlor

Classroom – Which One? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS:**

Will you use the room’s regular set up? Yes No

Will you need to do food preparation? Yes No Not Applicable

**MARK ALL APPLICABLE SERVICES (PLEASE NOTE: CHARGES MAY APPLY)**

Paper/Plastic Plates China setting Coffee

Plastic Forks/Knives/Spoons Silverware Iced Tea

Paper/Styrofoam Cups Tablecloths Water

Napkins Cream/Sugar Other Beverages

Placemats Salt/Pepper

**MARK ALL APPLICABLE SERVICES (PLEASE NOTE: CHARGES MAY APPLY)**

Sound System Video Screen Power Strip

Mics #\_\_\_\_\_\_\_ Flip Chart Computer

Easel VCR Extension Cord

TV PowerPoint DVD

Will A/V Tech coverage be required for this event? Yes No Not Applicable

**ADDITIONAL REQUIREMENTS­­­­­­­­­­­­­­­­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**KEY CHECK OUT FROM CHURCH OFFICE?**  Yes No Not Applicable

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If applicable, date key returned: | | | |  | | | |
|  | | | |  | | | |
| Office Signature: | | | |  | | | |
|  | | | |  | | | |
| Signature of person completing the form: | | | |  | | | |
|  | | | |  | | | |
| Date Completed: | | | |  | | | |
| Dep. Rec’d: |  | $/CK # |  | | Date: |  |
| Fee Rec’d: |  | $/CK # |  | | Date |  |
| Dep. Ret’d: |  | $/CK # |  | | Date |  |