

United Methodist Church of El Segundo
540 Main Street, El Segundo CA 90245
Ph: 310 322-0051 • Fax: 310 322-2750

Office Use Only:

Fee/Paid _____

Date _____

FACILITY USE REQUEST FORM

Parking Lot Short Term Use: \$650/day

Name of Person Requesting Parking Lot _____

Day of Event _____

Time of Event _____

Starting Date _____

Number of Cars _____

Required Rules of Use

1. Local church use overrides all other requests.
2. Fees will be paid in advance of use.

I have received, read and agree to abide by the Policies for the Use of Church Facilities as stated:

Name (print) _____

Address _____

City _____

Phone _____

Date Submitted _____

Signature _____

Authorized Approval: _____

Date Approved: _____

Other Instructions: **Copy of Liability Insurance required** _____