

FACILITY USE FEES – Non-Member

First United Methodist Church – 141 E. Gay St, Warrensburg, MO 64093; 660-747-8158; office@umcburg.org

Event _____

Date of Event _____

Worker/Church Employee _____

FEE SCHEDULE

Fees

\$ _____	Security Deposit (required for reservation of venue & date)	\$100
\$ _____	Sanctuary (with pastor approval)	\$300
\$ _____	FLC , not including Kitchen	\$100
\$ _____	FLC , with Kitchen use	\$150
\$ _____	FLC Kitchen Supervisor x _____ hours	\$10 per hour
\$ _____	FLC Kitchen Helper x _____ hours	minimum wage
\$ _____	Fellowship Hall , including FH Kitchen	\$50
\$ _____	Classroom or Wesley Hall w/ Kitchen	\$25
\$ _____	Aldersgate Parlor	\$25
\$ _____	Building Manager (on site during scheduled event)	\$10 per hour
\$ _____	Custodian – Sanctuary (Funeral/Event)	\$50
\$ _____	Custodian – Sanctuary (Wedding)	\$150/3hours
\$ _____	Custodian – Aldersgate Parlor	\$50
(Saturday, Sunday, after 5:00pm Mon-Thurs, after 12:00pm Friday)		
(includes set-up & break down, vacuum FLC & restock restroom materials)		
\$ _____	Custodian – FLC (vacuum FLC & restock restrooms only)	\$50
\$ _____	Custodian – FLC (under 100 people)	\$100/3 hours
(Saturday, Sunday, after 5:00pm Mon-Thurs, after 12:00pm Friday)		
(includes set-up & break down, vacuum FLC & restock restroom materials)		
\$ _____	Custodian – FLC (over 100 people)	\$200/3 hours
(Saturday, Sunday, after 5:00pm Mon-Thurs, after 12:00pm Friday)		
(includes set-up & break down, vacuum FLC & restock restroom materials)		
\$ _____	Custodian – Fellowship Hall	\$25
\$ _____	Wedding Coordinator – required of all weddings & receptions	\$100
\$ _____	PA System Set Up/Tear Down – FLC	\$25
\$ _____	PA System Operator – Sanctuary	\$40
\$ _____	Coffee, Tea, & Condiments	\$25
\$ _____	Employee Taxes @ 7.65%	_____
\$ _____	Childcare (see formula below)	minimum wage

(Available only with prior request and approval)

FORMULA = No. of childcare workers _____ x _____ hours care is needed

Names of child care workers _____

\$ _____ BALANCE DUE (Please make check payable to: First United Methodist Church)

Copy to _____ Date _____ Paid \$ _____ Check # _____ Date _____

Fees paid \$ _____

Date _____

Check # _____