

**Aldersgate United Methodist Church  
109 North Third St.  
Mifflintown PA 17059  
717-436-6750**

**PAVILION USE REQUEST FORM**

Date(s) Requested: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Group Name: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Size of Group: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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**I hereby certify that I represent the above-named organization and that I have read and understand the rules stated for the use of this church property.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Request Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Donation Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Donation Amount: \_\_\_\_\_