



APPLICATION FOR USE OF CHURCH FACILITIES

ST. PAUL'S LUTHERAN CHURCH

Today's Date: _____ Event Name _____

Name of Group or Person(s) Requesting Facility: _____

Name of Responsible Individual(s) _____ Email: _____

Contact Phone Number(s) Home: _____ Cell: _____

Type of Function/Event: _____

Number Attending: _____ Function Begins at _____ am pm Ends at _____ am pm

Estimated Set Up Time Needed for Event: _____ Estimated Clean Up Time After Event is completed: _____

St. Paul's Function Other Ministry-Related Function Community Group or Activity

Start Date _____ Ending Date _____ M T W Th F Sa Su

<p>ROOM(S) REQUESTED*</p> <p><input type="checkbox"/> Family Life Center</p> <p><input type="checkbox"/> Chapel <input type="checkbox"/> Chapel Annex</p> <p><input type="checkbox"/> Library</p> <p><input type="checkbox"/> Sanctuary</p> <p><input type="checkbox"/> Commons</p> <p><input type="checkbox"/> Kitchen (Food Preparation)</p> <p style="padding-left: 20px;">Cooking: Yes No</p> <p style="padding-left: 20px;">Catered: Yes No</p> <p><input type="checkbox"/> Amen Café</p> <p><input type="checkbox"/> Youth Center (Room 004)</p> <p><input type="checkbox"/> Room# _____</p> <p><input type="checkbox"/> Parking Lot</p> <p style="padding-left: 20px;">Main</p> <p><input type="checkbox"/> Other # _____</p> <p>*Please use scheduled rooms only</p>	<p>SET UP /GENERAL EQUIPMENT REQUEST/SERVICE REQUEST*</p> <p style="text-align: center;"><u>PLEASE NOTE: Application dates are tentative until approved.</u></p> <p><input type="checkbox"/> We have read and agree to abide by St. Paul's Building Use Policy</p> <p><input type="checkbox"/> We/Our Group will be responsible for clean-up. (Room arranging or re-arranging must be pre-approved.) The room will be set up in an arrangement as close to what you request (on the back) as is possible. (Any requests will be subject to approval.)</p> <p><input type="checkbox"/> TV/DVD/VCR <input type="checkbox"/> Video Projector <input type="checkbox"/> Sanctuary A/V System</p> <p><input type="checkbox"/> Easel / Dry Erase Board <input type="checkbox"/> Microphones <input type="checkbox"/> Piano</p> <p style="text-align: center;"><input type="checkbox"/> Sound / AV Support Needed</p> <p style="text-align: center;">PLEASE USE THE BACK OF THIS PAGE TO ILLUSTRATE THE KIND OF SET UP YOU ARE REQUESTING.</p> <p style="text-align: center;"><i>*There may be a fee required for custodial or technical services and will need to be approved. Please allow time for confirmation of services</i></p> <p style="text-align: center;"><u>Room requests should be submitted no less than 2 weeks before function date.</u></p> <p style="text-align: center;">Set up Diagram on Back</p>
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Statement of Acknowledgement I, the undersigned acknowledge I have received a copy of St. Paul's Building Use Policy and have read or had it read to me, I further acknowledge that,

- 1.) I understand all matters set forth in the Building Use Policy and agree to abide by said policies.
- 2.) I understand and agree that any provision of the Building Use Policy may be amended at any time by the Church Council.
- 3.) I understand that church activities take precedent over outside group users and this agreement may be cancelled by the church at any time for any reason.
- 4.) I agree to be responsible for the space being used and the room(s) will be left clean and in good order after use with all doors secured and locked on exit.
- 5.) We the undersigned hereby agree to indemnify and hold harmless St. Paul's Lutheran Church from any and all claims, causes of action, or suits for damages arising out of the building use granted by this application.

Signed by: _____ Date: _____

Office Use Only	Church Staff: _____ / _____	Date Approved: _____	Deposit: Yes - \$ _____ No (Paid? Y/N)
Facility Fee: \$ _____ (Paid Y/N)	Custodial Charge: \$ _____ (Paid Y/N)	Technician Charge: \$ _____ (Paid? Y/N)	
Calendared? Yes No	KEYCODE ASSIGNED: # _____	Insurance Certificate Yes _____ No _____	

Group Name: _____

Time Function Begins: _____ am / pm

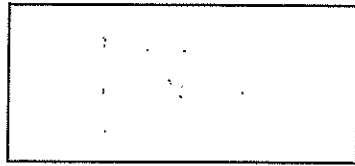
One Time or Recurring? (Circle)

Number Attending: _____

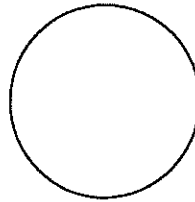
REQUESTED ROOM/TABLE SET UP*

Area(s) being used: _____

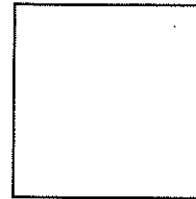
Tables:



Rectangle - Seats up to 8



Round - Seats 8



Card - Seats 4

Number of Tables? _____

Number of Tables? _____

Number of Tables? _____

Number of Chairs: _____

Number of Rows: _____

Set Up: Classroom style Semi-circle Circle U-shape

Please illustrate your basic arrangement request below. Thank you!

Type of Activity planned for this space

List Additional Dates Here or Other Pertinent Information as Needed

Main Contact Person & Phone Number: