

Resurrection Lutheran Church Facility Use Application Form

Today's Date: _____

Name of Person/Organization Requesting Use: _____

Contact Person: _____

Telephone : _____

Address: _____

City/State: _____

Fax: _____

Email: _____

Time / Date Requested: _____

Purpose of use: _____

Approximate Number of People Attending : _____

Room(s) Requested: _____

Request for Equipment : _____

Church Key(s) Needed ? _____ (Y/N)
(Provide the Key Usage Guideline for applicant)

***Room Rental Fee(s): _____

***Room Deposit: _____

***Key Deposit(s) : _____

Will Food be Served ? _____

***Kitchen Deposit: _____

***Cleaning Deposit: _____

Nursery Room Use: _____ (Y/N)

*** Nursery Rental Fee : _____

TOTAL FEES DUE: _____

*** Certificate of Insurance : _____

*** **The rental fee(s), key deposit, kitchen supervision fee, cleaning deposit, and certificate of insurance are due at least three working days prior to the event. If the event is on-going in nature, the rent is due once a month unless paid in full for the duration prior to use.**

The "Release of Liability" Form must be submitted with this application form.

CHILD CARE IS NOT PROVIDED WITH ANY ROOM RENTAL

We agree to the above terms.

(X)Signed by Group ("Renter") Representative

(X)Signed by Resurrection Luth. Ch. Rep

Approved: _____ Reason for NO: _____

Copies to: Use Coordinator _____ Congregational Pres. _____ Church Usage File _____