



Facility Request Form

1. Type of Function:
Name of Church Member Responsible:
Name of Organization/Group:
Address: Telephone #
Person In Charge of Activity: Telephone #
Date of Activity: Time of Activity: From To
Approximate Set-Up Time: Approximate Take Down Time:
Number of People Expected? Special Request(s):
Is This Request For A One Time Activity or Series of Activities?

2. Building(s) Needed: Specific Rooms(s) Needed:
Property Needed? (Tables, Chairs, Coffee Makers, Equipment, Etc.)

3. Who will pick up key(s)? When?
Who will return key(s)? When?

4. Will the event need to be advertised? Yes No

- 5. General Guidelines:
Any paper products, trash bags and other consumable supplies will need to be brought by the Lessee.
Lessees are responsible for set up and take down – and returning tables and chairs to their original position.
\*Use of Electronic equipment (Video, laptop, projector, etc.) should be provided by the Lessee, unless prearranged and approved.
If permission to use the kitchen is given, Lessee is responsible for leaving it completely cleaned.
Your participants/guests are to be informed of the exact location of the activity so as to not disturb other activities or work being done in other buildings.
Any changes in #1, #2, or #3 above, after approval, will be reviewed and again be approved or cancelled.
St. John Lutheran Church is not responsible for accidents, losses, or damages which may occur to persons or property involved with your activity.
No alcoholic beverages are to be served or consumed on church property, including the parking lot.
Special requests must be approved before facility is officially reserved.
The deposit is to be turned in with the Facility Request Form in order to hold the building for the date requested. Your deposit will be forfeited if the room/area utilized is not properly cleaned or furniture is not returned to the original position.
If this request is approved, a Rental Contract will be given to you and must be signed and returned with rental fee BEFORE FACILITY IS OFFICIALLY RESERVED.

Signature of Applicant: Date:

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OFFICE USE ONLY

Date Received: Deposit Received: Amount Check# Name on Check