

Our Savior's Lutheran Church
1400 South State Street
507-233-4430

EVENT / FACILITY REQUEST FORM

This form must be completed in order to prevent conflicts in calendar dates and use of the building. Please complete this form in its entirety and return it to the Church Business Administrator as early as possible before your event. Requests are reviewed on Tuesday mornings and granted on a first-come-first-served basis. Confirmation of your request will be made as soon as possible. If a user fee is required, it will be discussed with you when your request is confirmed.

Today's Date _____

Event: _____

Event Date: _____ *Please list any additional dates and times below.*

NAME OF ORGANIZATION: _____

Is your group a non-profit organization? _____

Person in charge: _____

Mailing Address: _____

Email: _____

Home Phone: _____

Work Phone: _____

Additional Dates/Times: _____

Number of People Expected: _____

Arrival time for Prep/Setup: _____

- I have access to the building (key) I will need access to the building

Event Start Time: _____ Estimated Ending Time: _____

FACILITIES REQUESTED <i>(check all that apply)</i>	EQUIPMENT REQUESTED
<input type="checkbox"/> Lower-level Multi-Purpose Room <input type="checkbox"/> We will use the kitchen <input type="checkbox"/> We will NOT use the kitchen	<input type="checkbox"/> Coffee Pot <input type="checkbox"/> Roasters <input type="checkbox"/> Video Projector <input type="checkbox"/> TV / DVD
<input type="checkbox"/> Lower-level Youth Room	<p>Other requests:</p>
<input type="checkbox"/> Social Hall <input type="checkbox"/> We will use the kitchen <input type="checkbox"/> We will NOT use the kitchen	
<input type="checkbox"/> Upper Room	
<input type="checkbox"/> Sanctuary	

Event: _____ Event Date: _____

NAME OF ORGANIZATION: _____

Please describe your event / activity:

PLEASE READ THE FOLLOWING CAREFULLY:

Use of facilities at Our Savior's Lutheran Church are subject to the following policies:

1. Our Savior's Lutheran Congregational program needs have priority over all other requests.
2. Commitments to outside groups may have to be altered due to unexpected church needs such as funerals.
3. **Our Savior's Lutheran Church is a smoke-free facility; this also applies to outside of the building.**
4. Alcoholic beverages are strictly prohibited on church property.
5. Usage fees are required in advance of event/meeting.
6. Groups using Our Savior's Lutheran facilities are expected to leave such facilities in same general condition as provided.
7. Groups are responsible for directing persons attending the event/meeting to the correct room(s).
8. If children are present, it is the responsibility of the person reserving the space to ensure proper supervision for the children.
9. Equipment shall not be removed from the church building except for church functions.
10. Sound system equipment shall not be available to outside groups unless arrangements are made in advance.
11. The building may be closed to all groups on short notice due to inclement weather or Congregational program needs.
12. The Building Use Policy (attached) is the governing document of this application.

The person/organization requesting the use of church facilities hereby absolves the church, its pastors, leadership, members, or people of any liability for personal injury to any individual resulting from the use of the church facilities and agrees to be responsible for any property damage that results during the use of the facilities. Please report any damage to the church office promptly. The group or individual using the facility is responsible for set up, clean up, and return to normal set up of the facility. I have read and accept the policies outlined by this document and the Building Use Guidelines for Our Savior's Lutheran Church.

Signature of Responsible Party

Date

*Please make payment by **one**/two checks: \$_____ for use of space; \$_____ damage deposit.
Make checks payable to: Our Savior's Lutheran Church

Event: _____ Event Date: _____

NAME OF ORGANIZATION: _____

For Office use only:

Approved by: _____	Date: _____		
Confirmation: _____	mailed _____	emailed _____	picked up _____
_____	Calendar entry date		
_____	Set up scheduled		
_____	Janitorial service scheduled		
Cost to group requesting use of facility: _____			
Damage deposit: \$ _____			
Date received: _____			
Date damage deposit returned / shredded: _____			

Room set-up: (Please draw a diagram of the desired room set-up)

Cleaning Checklist

Event: _____ Event Date: _____

NAME OF ORGANIZATION: _____

Please note that it is the responsibility of the group or individual using the facility to set up, clean up and return the facility to normal setup after the approved event or activity unless additional janitorial services are scheduled.

In an effort to be better stewards of the building that God has provided for us, please complete the following checklist for cleaning the room after the event/meeting.

This checklist must be completed, signed and returned to Church Business Administrator.

- ___ Remove all food and garbage from the room and floors, vacuum and mop as necessary. (A vacuum can be located in the shipping/receiving area.) (Room should be in the same condition as found.)
- ___ All trash is placed in garbage cans.
- ___ Clean counters, coffee makers, etc.
- ___ If food or drink is involved, wipe all tables clean using a mild soap and water solution. If stains occur please notify the church office promptly.
- ___ Set up room according to the room layout (see yellow room layout on wall).
- ___ Dishes, serving bowls and other items washed and put back in original place.
- ___ All items put up on the walls or set out in connection with your event have been removed.
- ___ Turn off all fans, coffee makers, and other equipment.
- ___ Turn off all lights.
- ___ *All windows are closed, lights are turned off, and doors are locked.*
- ___ Return key(s) to Church Business Administrator or Church Office (if applicable).

Signature: _____

Room: _____ Date: _____ Time: _____

Condition of room at time entered: