



FACILITIES REQUEST

Name of Event _____

Date of Event _____ Time of Event _____

Name of Organization _____

Contact person _____ Phone _____

Tables needed Y or N If yes, how many: _____

Chairs needed Y or N If yes, how many: _____

- I have reviewed the "Facilities Use" guidelines and accept the responsibilities and liabilities of using St John's facilities.
- I have provided a copy of Certificate of Insurance for our organization.

FEES: Check all appropriate boxes.

Gym and Cafeteria

- \$125 per 3 hours or less (50 people or less)
or
- \$150 per 3 hours or less (51 people or more)
 - \$50 for each additional hour: Additional hours _____ x \$50 = _____

Meeting Room/Kitchenette

- \$100 per 3 hours or less
- \$25 for each additional hour: Additional hours _____ x \$25 = _____

Total Fee: _____

In return for the privilege of using the facilities at St. John Lutheran Church and School, I agree to the responsibilities and guidelines of St John and assume the risk of injury or harm and/or property damage in these activities and release St John from any and all liability during expressed use of these facilities. I understand that I will be notified in a timely manner if there is a conflict with the date and time chosen.

Signature

Date

Office use only:

Church Leader:

Church Leader:

Date Approved: _____

Payment: _____

Date: _____