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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | |
| **Requesting Individual/Organization Name** | | | | | | | |  | | | | | | | | | |
| **Address** |  | | | | | | | | | | | **Phone** | |  | | | |
| **Responsible Contact Name** | | | | |  | | | | | | | | | | | | |
| **Responsible Contact Email** | | | | |  | | | | | | | **Contact Phone** | |  | | | |
| **EVENT INFORMATION** | | | | | | | | | | | | | | | | | |
| **Event Date** |  | | | | | | | | **Open Time** |  | | **Close Time** | |  | | | |
| **Other/Recurring (Describe)**  ***Note****: Non-church sponsored recurring events will be limited and considered on a case by case basis.* | | | | | | | | | |  | | | | | | | |
| **Event Name** |  | | | | | | | | | | | **Est. Attendance** | | |  | | |
| **Event Purpose** | |  | | | | | | | | | | | | | | | |
| **Event Advertised** | | **YES**  **NO** | | | | **If yes, describe:** | | | |  | | | | | | | |
| **SPLC Member sponsoring or requesting Event** | | | | | | | | | | **YES**  **NO** | |  | | | |  | |
| **REQUEST TYPE** (See Facility Use Policy Section II. B) | | | | | | | | | | | | | | | | | |
| Group 1 | | Group 2 | | | | Group 3 | | | | Group 4 | |  | | | |  | |
| **Space(s) Requested** | | | Fellowship Hall | | | | Fireside Room | | | | Youth Room | | Grounds | | | | Piano/Mic |
| **INSURANCE** | | | | | | | | | | | | | | | | | |
| **Carrier Name** | |  | | | | | | | | | | **Liability Amount** | | | | **$** | |
| **CERTIFICATION** | | | | | | | | | | | | | | | | | |
| On behalf of the applicant I certify that:   * I have read and am familiar with, and will follow, the St. Peter’s Lutheran Church Facility Use Policy. * Upon approval and prior to the event, the applicant will remit the appropriate fee for use of the Church facilities. * All safety and fire laws will be observed. * No dangerous activities or activities that will interfere with other uses in the Church building or the worship of God will take place. * No activity may take place without submitting a signed Indemnification and Release Agreement. * The use of the Church’s facilities will be consistent with the purposes of St. Peter’s Lutheran Church. | | | | | | | | | | | | | | | | | |
| **Authorized Signature** | | | |  | | | | | | | | **Date** | | | |  | |
| **Printed Name** | | | |  | | | | | | | | | | | | | |
| **Attachments** | | | | Indemnification and Release Agreement; Proof of Insurance; any additional information regarding your event. | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR CHURCH USE ONLY** | | | | | | | | | | |
| **Request Received** |  | | |  | | |  | **Date of Action** | |  |
| **Action** | Approved | | Denied | | | Refer to Council | | |  | |
| **Comments** |  | | | | | | | | | |
| **Member responsible for opening/closing** | | | | |  | | | | | |
| **Added to Calendar** | | **Fees Remitted** | | | **$** | | **Fee Exceptions** |  | | |