

St. Luke Lutheran Church, Sheboygan Falls

Facilities Request Form

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Start Date: _____ End Date: _____ Number Attending: _____

Days of Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
(Circle day(s) you are requesting use.)

Frequency: One time Weekly Monthly Other
(Please attach a calendar schedule for events that meet more than once.)

Setup Time: _____ Begin Time: _____ End Time: _____

Do you have a key to access the building? _____ If no, what time do doors need to be unlocked? _____

Event Purpose:

Contact Name: _____

Address: _____

Phone: _____ Email: _____

Authorized Overseer: _____ Phone: _____

Authorized overseer must be present at all events. This person must be a church member and will be responsible for locking up, turning off lights, etc. and ensuring that proper clean up takes place.

Rooms Requested (check all that apply):

Sanctuary Large Upstairs Classroom Small Upstairs Classroom
 Library Fellowship Hall

Kitchen Use:

Contact Person (if different from overall contact): _____

Contact Phone Number: _____

Names of Clean Up Team: _____

I request to use the church facilities for the express purpose indicated above and will utilize said facilities in a manner consistent with St. Luke Lutheran Church stated purposes and beliefs. To the best of my knowledge, I am not aware that the reserving individual, group, or organization holds, advances, or advocates beliefs that conflict with the church's faith or moral teachings.

It is agreed and understood that this contract shall remain in force only for the term in which I comply with St. Luke Lutheran Church policies, as set forth herein, and as long thereafter as I comply. I understand that all facility privileges automatically terminate if I engage in any conduct or avocation of conduct that stands in contradiction to St. Luke Lutheran Church stated beliefs, policies, and mission as set forth herein. I agree to notify St. Luke Lutheran Church authority immediately upon the knowledge that church facilities or properties are being utilized in a manner inconsistent with church policies. I submit exclusively to the designated authority of St. Luke Lutheran Church to resolve any disputes relating to church property or facility use.

Applicant Signature(s)/Date

Approval Signature/Title/ Date

Office Use Only

Date Received in Office: _____ Date Added to Church Calendar _____