

APPENDIX E

Facility Use Request and Agreement Form - St. Paul's Lutheran Church

INDIVIDUAL/GROUP/ORGANIZATION INFORMATION		
Name of Individual/Group/Organization:		
Purpose of Group/Organization:		
Is group/organization a Nonprofit 501 (c) (3)? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nonprofit Tax ID#:
Telephone#:	Fax#:	Mobile#:
Address:		Email Address:

AUTHORIZED REPRESENTATIVE/REQUESTOR INFORMATION		
Name:		
Telephone#:	Fax#:	Mobile#:
Address:		Email Address:
What is the Preferred Method to Contact You?		

REQUESTED DATES/TIMES	
Date(s) Requested:	Day(s) of the Week:
Start Time(s):	End Times(s):
Frequency: One Time Only <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Please provide details:	

ACTIVITY/EVENT INFORMATION
Description of the activity/event planned:
Is this activity/event an ongoing ministry at St. Paul's? Yes <input type="checkbox"/> No <input type="checkbox"/>

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How will this activity/event serve the community in and around St. Paul's?	
Will admission or registration fees be charged for the activity/event? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how will net proceeds/profit be used?	
Areas/Rooms Requested	___Narthex/Foyer ___Sanctuary/Worship Space ___Breezeway ___Kitchen ___Fellowship Hall/Chapel ___Nursery ___Classroom(s): _____ _____

ACCEPTANCE OF RESPONSIBILITY

I certify that I am the authorized representative for the group/organization requesting use of St. Paul's Lutheran Church's facilities as specified in this form. By signing below, I acknowledge that I am accepting responsibility for the conduct of those coming to or participating in the activity/event herein described and for any damage (beyond normal wear and tear) that may occur as a result of this activity/event. I further agree that the church property will be used in accordance with the **St. Paul's Lutheran Church Facility Use Policy**, a copy of which I have received.

Signature (Authorized Representative/Requestor)

Date

INDEMNIFICATION AGREEMENT

In consideration of St. Paul's Lutheran Church, Mount Pleasant, South Carolina, granting

(Name of group/organization)

privileges to use certain facilities of St. Paul's Lutheran Church, I/We, jointly and severally hereby agree to indemnify and hold harmless St. Paul's Lutheran Church,

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its employees, Council, officers, members, and representatives harmless from any and all claims, causes of action, demands, suits or actions at law and in equity for any loss or personal injury suffered or received by any person arising out of or occurring during the use of any facilities owned or maintained by St. Paul's Lutheran Church in connection with the use of said facilities.

Signature (Authorized Representative/Requestor) _____
Date

Other Signature/Title _____
Date

Notes:

Church Use Only:	
Date Request Received:	Amt. of Deposit Received: Date:
Group Type: Grp 1-Worship <input type="checkbox"/> Grp 2-Ministries <input type="checkbox"/> Grp 3-Members <input type="checkbox"/> Grp 4-Outreach <input type="checkbox"/>	
Action by Executive Committee: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Further Consideration Required <input type="checkbox"/>	
Date:	
Comments:	
Key Issued to:	Key #: Date:
Key Returned by:	Date:
Date Insurance Certificate Received:	Amt. of Fees Collected :