

Grace Lutheran Church and School

Request for Use of Facilities

Name of applicant _____

Name of organization _____

Address _____

City _____ State _____ Zip _____

Work phone _____

Home phone _____

Day(s) Su M T W Th F Sa Date(s) _____

Time/Date activity/usage begins _____ Time/Date activity/Usage ends _____

Duration of usage: From: _____ To: _____

Approximate Number Attending _____

Type of activity _____

Special requests (must be requested one week prior to activity)

*Audio Visual _____

Tables and chairs _____

Other _____

*Please note that the Audio/visual system(s) requires specially trained operators.

Priority - School and Church functions have priority over other community activities. When it is necessary to intrude on scheduled community activities, alternative facilities will be arranged if possible.

Note - If arrangements must be changed or cancelled, please contact the Facility Coordinator at least one week in advance of scheduled use.

I hereby certify that I am an agent of the above named organization and have been authorized to accept in their name the responsibility for observance of the rules and I understand that the permit for the use of school/church facilities may be cancelled if an of the rules are violated.

Signature _____ Date _____