

**APPLICATION FOR USE OF
OUR LORD'S LUTHERAN CHURCH FACILITIES**

Individuals or groups may use facilities and/or rooms at Our Lord's Worship Center or Life Center whenever they are not in use or being prepared for use for any previously scheduled event. All scheduling is done through the church office. Scheduling for outside groups and non-members will not be permitted more than six months in advance. Church functions take precedence for the use of Our Lord's facilities. If a scheduling conflict arises, the contact person of an event will be notified as soon as possible of the need for change of location or cancellation of event.

This form must be completed, signed, and returned to the church office. When scheduling time, be sure to take into consideration the time required to set-up before and clean-up after the event.

1. Please circle all that apply concerning the type of event being scheduled.

Celebration Meeting Private business unrelated to OLLC (for profit)
Our Lord's activity Outside church activity Non-profit activity
Other (please specify) _____

2. Please indicate the appropriate frequency of this event.

One-time only Weekly Monthly
Other (please specify) _____

3. Please circle the room/facility you wish to reserve. WC = Worship Center LC = Life Center

WC Sanctuary WC Conference Room WC Fellowship Hall
WC Commons LC Conference Room LC Fellowship Hall (basement)
WC Kitchen LC Kitchen LC Classroom
Chapel in the Pines Other _____

4. Date(s) of event: _____

5. Time of event (including set-up and tear-down) _____

6. Contact person (responsible for clean-up, damages, and fees, if applicable)

Name _____ Address _____

Cell/Work Phone _____ Email _____

I/We understand that in order to confirm this reservation, all fees (if applicable) must be paid at the time of this request. Refunds will be made in case of an emergency cancellation.

I/We have read the OUR LORD'S LUTHERAN CHURCH FACILITIES USAGE POLICY and agree to comply with said policies.

If either kitchen is being used, I/We understand and agree that the undersigned applicant will be responsible for completion of the KITCHEN USAGE CHECKLIST, and payment of any custodial fees that may be assessed if clean-up is not performed as outlined in our policies.

Application Approved _____
Application Not Approved _____

Applicant for Reservation

Fees Received \$ _____

Address

_____ Certificate of Insurance has been submitted to Administrative Assistant

Signed

Date

Telephone

Original - Church Office

Copy 1 - Applicant

Copy 2 - Kitchen Coordinator

01/2021