

FACILITIES USE REQUEST FORM

COVENANT LUTHERAN CHURCH

Please do not publicize your event until after request is approved.

Date of Request: _____

Event Name: _____

Name of Group/Team/Committee*: _____

Person Making Request: _____

Person Responsible for Event: _____

Date(s) of Event: (calendar dates & day of week): _____

Event Start Time: _____ Event End Time: _____

Setup Start Time: _____ Take Down/Clean-up End Time: _____

Room(s) Requested: _____

Estimated # of Attendees: _____ Any special needs? _____

**For Covenant Members: (committee, team, Bible study, etc.) Please check one:*

___ Routine clean-up - we can handle it. [This is the norm]

___ Special clean-up - we'd like Property Manager's help with _____

What CLC space is requested?

___ Fellowship Hall ___ Kitchen ___ Community Room ___ Library ___ Lobby ___ Stage

___ Worship Center ___ Nursery ___ Annex Buildings ___ Playground ___ Labyrinth

___ Fire Pit ___ Outdoor Areas (parking lot, field, etc.)

What equipment are you bringing for event? _____

Will there be catering, security, etc.? If so, provide names and times of arrival on-site:

Equipment requested from CLC: (circle those requested) Projection screen : DVD/VHS : CD :
Computer : Sound system : Microphones : Outside sound : Musicians : Tables : Chairs

Projection requests: _____

Lighting requests: _____

Person(s) who will be responsible for activities:

Name: _____

Phone #: _____ Email: _____

Name: _____

Phone #: _____ Email: _____

Name: _____

Phone #: _____ Email: _____

I have read the Covenant Lutheran Church (CLC) Facilities Use Form and agree to the stated guidelines. If details described above change, I agree to notify CLC immediately. I understand that CLC has no liability for personal injury or loss or damage to property occurring in the facilities or on church property. I will hold harmless CLC staff, members, and the ELCA should injury or damage occur.

Covenant Lutheran Church reserves the right to modify your event request based on church needs and space availability.

USER NAME: _____ DATE: _____

CLC STAFF: _____ DATE: _____

In the space below, draw how you would like to have the room set up with tables, chairs, etc.

For office Use: Amount Owed: \$ _____

Building Deposit \$ _____ Key Deposit \$ _____ Key # _____