

Ascension Lutheran Church
Facility Use Application

9 January 2007

Name of Organization: _____

Purpose of Use: _____

Contact Person: _____ E-mail: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

One-time Event:
Date: _____ Number of participants: _____

Recurring Event:
Beginning Date: _____ Ending Date: _____ Frequency: _____

Room(s) Requested: _____ Kitchen Requested: _____

Time of Event: From: _____ To: _____

Time Room(s) Needed: From: _____ To: _____

Number of Participants: _____

Arrangement for Opening and Closing the Building: _____

A copy of the insurance policy for the organization listing Ascension as "Additional Insured" Yes No OR

A signed Release, Waiver, and Indemnity Agreement Yes No

I have read and agree to the Ascension Lutheran Church Facility User Guidelines

Signature of Using Organization's Leader Date: _____

Ascension Lutheran Office Coordinator Representative Date: _____

Congregational Planning Council Representative Date: _____

ASCENSION LUTHERAN CHURCH OFFICE COORDINATOR USE ONLY

Key Assigned: Yes No Room(s) Assigned: _____

Key Deposit Paid: \$25.00 Cash Check Number: _____

Signature of Using Organization's Leader for Key(s) Date: _____