PIN #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Password - Renter

**FAITH UNITED LUTHERAN CHURCH**

**APPLICATION FOR BUILDING USE/SHORT-TERM**

I/we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a member/non-member of Faith United Lutheran Church, apply for private use of Faith United’s Multi-Purpose Room (Luther Hall) and/or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the dates of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ and time from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM. The expected number of people is\_\_\_\_\_\_.

**I/We will comply with the following conditions and terms of use:**

1. I/We will obtain a key and alarm code, which shall remain in the *sole possession* of the responsible person(s) signing this agreement, to the building from the Church office between the hours of 9:00 am and 4:00 pm Monday and Wednesday, or 9:00 am to 3:00 pm Fridays **ONLY**. Letting someone else other than the signer of this contract use our key and/or alarm code, without first contacting the church office, is cause for immediate forfeiture of the facilities AND all fees paid.
2. Entry to the Multi-Purpose Room, Luther Hall, is through the double doors off the parking lot. The door is very clearly marked.
3. I/We will be responsible for setting up any tables, chairs or athletic equipment needed for my/our event. I/We will return items to where found prior to event.
4. I/We will clean up after the event including, but not limited to, sweeping, disposal of all trash and mopping any areas requiring such. I/we will leave the building as I/we found it.
5. **The signer(s) of this agreement must personally be present for the duration of this event.**
6. After my/our event, I/We will turn off all lights, check the area to see if any other group is utilizing the church facilities, lock the doors and set the alarm, **only if no other groups are present.** I/we will return the key to the Church office at the end of the contracted term by the next work day during the above-noted hours.
7. I/We assume all responsibility for any damage to the building and/or equipment.
8. **I/we agree to the Hold Harmless clause in the Building Use Policy I received and signed at the time of my application.**

A deposit and full payment of fees is required (see Fee Schedule) before a key and alarm code will be issued. The deposit **MUST** be in the form of a check. The deposit check will be returned to you upon inspection of the building and equipment by a Staff person or a designated Council member and the key is returned.

Signature of Responsible Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have carefully read this document and the Faith United Lutheran Church Building Use Policy and by checking this box I agree to abide by all portions of both documents.

I acknowledge that, due to the special health circumstances present because of the Covid-19 pandemic, I/we acknowledge that Faith United Lutheran Church is not

 responsible should anyone participating in your activity becomes infected as a result

 of this event.

For Office Use Only:

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Notes:

Receipt for Monies Received

Received From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cash Check

Received By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_