

**RESURRECTION LUTHERAN CHURCH
BUILDING USAGE FORM**

Individual Making Request:

Name: _____ Telephone: _____

Address: _____

Organization Making Request:

Contact Person: _____ Telephone: _____

Address: _____

Reason for Use: _____

Day/Date Needed: _____ Time: _____

Room[s] Needed: _____ Need Kitchen? _____ Yes _____ No

Number of Tables: _____ Number of Chairs: _____

I understand that if this request to use the facilities of Resurrection Lutheran Church is approved, I will be responsible for maintaining the building and its equipment in the same condition as I received it. I also understand that I will be responsible for repairs of any damage that may result while I, or my organization, is using these facilities. I understand that Resurrection is a smoke free and substance free facility. I agree that neither I nor the organization that I represent will hold Resurrection Lutheran Church responsible for any accident that may occur while using these facilities.

Signature / Title

FOR CHURCH USE

Property Comm. Recommendation: Approval _____ Disapproval _____ Date: _____ Initial: _____

Fees: _____

Church Council: Approval _____ Disapproval _____ Date: _____ Signature: _____

Person Contacted: _____ Contacting Person: _____ Date: _____

Building Checked by: _____ Date: _____