

Immanuel Lutheran Church

726 Fuller Avenue
Big Rapids, MI 49307
231-796-8273

Facility Usage Request

(Please Print)

Requestor: _____
(Name) (Phone number)

Address: _____
(Street) (City) (State) (Zip)

Request for: _____
(Group or organization) (Event)

Date needed: _____ **Time In:** _____ **Time Out:** _____

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Number of people expected at event: _____

Comments: _____

Please check areas requested for event:

- Sanctuary** **Nursery/Preschool** **Entrance/Narthex**
- Fellowship Center** **Kitchen/Pantry** **Conference Room**
- Youth Room** **Music Room** _____
(other area)

Please check items that will be used for event:

- Organ, Piano, Clavinova (keyboard)** [circle instrument(s) requested]
- Sound system - sanctuary** **Sound system - fellowship center**
- Refrigerator/Freezer** **Range Top(s)** **Oven(s)**
- Dishwasher** **Bunn Coffeemaker**
- Laptop Computer** **Overhead Projector** **TV with VCR/DVD**

Other special requests/needs: _____

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Please initial items below:

_____ I have read and understand the *Facility Use Policy* of Immanuel Luthern Church and agree to abide by it.

_____ I understand that if food is to be served at a non-church related event, that we are to supply the paper goods, such as plates, napkins, plastic utensils and cups and other serving items such as silverware, punch bowl and tablecloths.

_____ I agree that I will make sure that each task on the *User Checklist for Maintaining the Facility* is accomplished and checked off.

_____ I agree that I will return the completed *User Checklist for Maintaining the Facility* and the key to the Church Office Manager prior to the return of my security deposit.

_____ I agree that if I leave the facility in disarray or unclean that I will forfeit my security deposit.

_____ I agree that I will not allow any activities to take place that would in any way degrade or dishonor God or the membership of Immanuel Luthern Church.

Reserving party's signature: _____

(Section below to be filled in by Facility Usage Team)

_____ **Request approved**

_____ **Request denied Reason:** _____

_____ **Date:** _____
(Signature of Facility Usage Team Member)

Total amount due in advance: \$ _____

Balance due \$ _____ **Date Due:** _____ (2 weeks prior to event)