

APPLICATION FOR USE OF CHURCH FACILITIES

FIRST EVANGELICAL LUTHERAN CHURCH

21 S. BEDFORD STREET

CARLISLE, PA 17013

Phone: (717) 249-3310

secretary@firstlutherancarlisle.org

Applicant: _____

Application is for _____ one-time use _____ multiple uses _____ recurring use

Nature of use (e.g., weekly meeting, birthday party): _____

Please complete for each day facilities are being requested:

Date: _____ Starting time: _____ Ending time: _____

PLEASE NOTE: The building will not be open until the starting time indicated, unless other arrangements are made with the church.

Contact person: _____

Phone: _____

Email: _____

Space requested:

_____ Festal Hall (lower level)

_____ including kitchen

_____ meeting room/classroom(s)

How many? _____

_____ Martin Luther Room (upper level)

Chairs or tables and chairs needed? _____

Applicant is responsible for all set up and tear down of chairs and tables.

This application and a certificate of insurance (see next page) should be submitted at least thirty (30) days prior to date(s) of use.

Please see other side

ACKNOWLEDGEMENT

Applicant has received a copy of First Lutheran’s Facility Use Guidelines and agrees to comply with them.

Applicant agrees to be responsible for all church property entrusted to it or permitted to be used by it, and agrees to indemnify, defend, and save harmless First Evangelical Lutheran Church, its pastors, Congregation Council, and other officers and employees, and its members from all loss, liability, claim, or suit arising out of damage or injury to persons or properties which occur to any person arising out of its use of the church property.

Applicant understands that it must provide a Certificate of Insurance (COI) documenting its current insurance coverage and limits. This requirement may be waived for small groups upon request.

Applicant understands that First Lutheran may revoke its approval for use if applicable fees are not paid, such use causes damage beyond normal wear and tear, guests enter areas of the building not approved for use, information on this application is misrepresented, and/or the congregation needs its facilities for its own activities.

Signed: _____ Date: _____

Title: _____

A copy of this completed application approving or denying your request will be returned within seven (7) days of **receipt of your Certificate of Insurance**. You may request that your insurance company e-mail the COI directly to secretary@firstlutherancarlisle.org.

FEE SCHEDULE

(fees may be waived for community/non-profit groups/events at the discretion of First Lutheran)

MARTIN LUTHER ROOM (upper level) OR FESTAL HALL (lower level)

Members: donation suggested

Non-members: up to four hours - \$150.00; all day - \$225

CLASSROOM

Members: donation suggested

Non-members: each/per use - \$ 30.00

FOR CHURCH USE ONLY

Date application and COI received: _____ Application is: approved _____ not approved _____

Total fee due: _____ COI waived? no _____ yes _____

Signed: _____ Date: _____
(pastor or officer of Congregation Council)