

St. Andrew Lutheran Church,
4420 Center Point Rd NE, Cedar Rapids, IA 52402
(319) 393-4021
email: church@standrewlutheran.org

Request for Use of Church Facilities

This form must be delivered to Church Official (Pastor, Secretary or Board President)
at least twenty-one (21) days prior to the Event.

Group or Organization Name: _____

Contact Person Responsible for the Event:

Name: _____ Email Address: _____

Address: _____ Phone Number: _____

Address: _____ Alt. Phone #: _____

Event Information:

Proposed Date(s): _____ Start Time: _____ End Time: _____
Include time needed for setup and cleanup

Event Description:

Will you be charging any fee for the event? ... NO ... YES ... IF YES, how much? _____

Rooms to be Used: _____

For Example: Bethsaida Hall, Sanctuary, Kitchen, Classrooms, etc.

Equipment Needed:

For example: Piano, tables, chairs, overhead, etc. Please specify quantity of each needed.

A refundable \$75.00 deposit fee is required. Depending on the requested space, dates and equipment, an additional fee may be required for use of the facilities, which will be shown on the Church's Action form shown on the next page. Additional fees will be charged for facility use beyond the above-designated times. All fees must be paid before the proposed Date of Use. Of course, donations are always welcome.

The above-listed Organization and Person Responsible for Organization or Group agree that it/he/she will use only the rooms and equipment listed above for the purposes listed and will be responsible and liable for any and/all damages, or any unusual expenses arising from this use of the church facilities. In addition, the Organization and Person Responsible for Organization or Group understand and agree that if a conflict arises (for example, a funeral) , church activities will take priority over this request.

Requested by _____ Date _____
(signature)

Church's Action on the Request for Use of Facilities (Church's Action)

All sections must be completed

- Council's Action on the Request: ____ approved ____ denied ____ amount of add'l fee, if any
(date) (date)
- St. Andrew Member Assigned to Unlock and Lock Doors: _____ (name)
(default is CPOD for service closest to the date of the event requiring use of facilities)
- Signature of the St. Andrew Member Agreeing to Unlock and Lock Doors: _____
- Phone number of St. Andrew Member Agreeing to Unlock and Lock Doors: _____
- Signature of person placing the event on the calendar and date of placement on the calendar:
_____(signature) _____(date)

**COPIES OF COMPLETED FORM TO BE PROVIDED TO THE
CONTACT PERSON RESPONSIBLE FOR THE EVENT AND THE
ST. ANDREW MEMBER(S) WHO WILL UNLOCK AND LOCK DOORS**

**THE CONTACT PERSON RESPONSIBLE FOR THE EVENT AND THE
ST. ANDREW MEMBER(S) WHO WILL UNLOCK AND LOCK DOORS
ARE ENCOURAGED TO CALL EACH OTHER AT LEAST THREE DAYS
PRIOR TO THE EVENT TO CONFIRM DATES AND TIMES AND AVOID CONFUSION**