

Lutheran Church of the Redeemer
45 Redeemer Way/PO Box 70
Chimacum, WA 98325
(360)385-6977

Facility Use Request

Building/Grounds Use Provisions and Procedures:

- 1 All users are expected to exercise control of their group to maintain legal, safe, clean, and appropriate use in keeping with Christian actions and principles.
- 2 The facility is to be left clean, undamaged, and all fixtures and furniture in place.
- 3 This request form is to be completed, along with any attachments required, and submitted to the Church Office with a deposit check in advance of your event.
- 4 Your request will be considered by our Building Use Committee and *may* require approval of our Church Council. We will inform you within a reasonable amount of time.
- 5 Designated church members will be assigned to oversee your event to assure your comfort and safety in use of the facility.
- 6 Alcohol or illegal drugs are prohibited.
- 7 It is our joy to share God's house with you, please let us assist where we can.
- 8 Altar colors will be liturgically correct.

Acknowledged: _____ Date: _____
Title/Position

Application No. _____

Event Date & time: _____

Request Date: _____

Approved? _____

By: _____

Date: _____

Attachments:

Wedding Funeral

Other _____

DISTRIBUTION:

1. Requestor
2. Tribe Leader
3. Bldg. Manager
4. Fellowship
5. Treasurer
6. Office Mgr. (original)
7. Wedd/Recep Coordinator
8. Pastor
9. Preschool Director
10. President
11. _____

REQUESTING GROUP:

LCR Member LCR Friend Non-Profit Profit Other

Group Representative: _____ Group Name _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Liability Coverage: Yes No Rider received: Yes No

Document of Non-profit status: IRS Determination letter Form 990 or 990-EZ

EVENT DESCRIPTION: Wedding Funeral Reception Other (*may require an attachment!*)

Other Use - Please print and give complete details:

Fee Charged: Yes No Donation taken: Yes No

Space to be used: Sanctuary Redeemer Hall Upstairs Kitchen Basement

Downstairs Kitchen Other

Nursery to be used? Yes No If yes, number of children expected? _____

Attendant (LCR staffed) _____

Day of the week of event: _____ Check-in/Time to set up: _____ Check-out/Time: _____

No. of people attending: _____ Contact Person (responsible **during** event): _____

Special needs/requests/equipment: _____

Request approval: Approved Denied

Reason: _____

FEES CHARGED:

Refundable Damage Deposit \$ _____ Cleaning fee: \$ _____

Building Use - Sanctuary: \$ _____ Basement: \$ _____ Kitchen: \$ _____

Building Use - Redeemer Hall: \$ _____ Musicians: \$ _____ Nursery: \$ _____

Coordinator: \$ _____ Bulletin: \$ _____ Other: \$ _____

Total Fees: \$ _____

Deposit paid on: ___/___/___ Amount: \$ _____ Check # _____ Cash

Balance total: \$ _____

Balance due date: ___/___/___ Balance paid in full on: ___/___/___

Amount: \$ _____ Check # _____ Cash