

REQUEST FOR USE OF FACILITIES

Grace Lutheran Church

4441 Monroe Street, Toledo, OH 43613

Office (419) 474-6403 Fax (419) 474-7726

office@gracelutherantoledo.org www.gracelutherantoledo.org

Day and Date of Use _____ Time: From _____ To _____ One Time Monthly
(access granted 1 hour before, for set up, and up to 1 hour after, for clean-up)

List area(s) requested (Brenner Hall, Brenner Kitchen, Fellowship Hall, Room #, Chapel, Sanctuary, etc.)

Purpose (meeting, shower, wedding, etc.) _____

Expected _____ Name / Organization _____

Responsible Person Name _____ Cell _____ Home _____

Street Address _____ City _____ State _____ Zip _____

Please read, agree to, and initial each item

___ - The premises must be left clean and orderly (i.e. as good or better than you found it)

___ - If applicable, all trash must be removed from area after event/meeting

___ - I have received, read, and agree to the Policy for Facility Use

Responsible Person Signature _____ Print name _____ Date _____

Facility Rentals Only

Rental Fee due with this form (\$150 Fellowship Hall, \$250 Brenner Hall – check to: **Grace Lutheran Church**)

Other area and fee if applicable _____

Send completed form to Grace Lutheran Church at the address above or drop off at the church office.

Office Use Only:

Date form received ___/___/___

Enter event on Master Calendar – date ___/___/___

Access Code issued (if applicable) – date ___/___/___

Notify Custodian (if applicable) - date ___/___/___

Deposit check in safe (if rental) – date ___/___/___

Check date ___/___/___ Check # _____ Amount \$ _____

This request approved and processed by: _____