

# *Application for Use of GLCS Facilities*

Name of Group: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Single Event Description of event: \_\_\_\_\_

Recurring use of specific rooms/areas for regularly scheduled program

Times Facilities Required: From: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m./p.m.

(Circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Specific Date(s) Required: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

If there is a member of Grace Lutheran Church & School (GLCS) who is also a member or associate of the applying group and who will accept responsibility for directing the proper use for the facilities, please note:

Church Member: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is childcare at GLCS requested during the event(s)?  Yes  No

The applicant and the individual executing this application must sign and comply with the Grace Lutheran Church and School Facility Usage Policy and Guidelines, and receive written acceptance from GLCS of this application, prior to use of its property.

We have read and agree to comply with the "Grace Lutheran Church and School Facility Usage Policy and Guidelines."

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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## FOR OFFICE USE ONLY

Approved:  Yes  No Date \_\_\_\_\_ Approver \_\_\_\_\_

Rooms/areas to be used: \_\_\_\_\_

Donations Paid \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_

*Note: Copy to be given to applicant after approval. Original application to be retained in the church files*