

REQUEST FOR USE OF LA PORTE COMMUNITY CHURCH FACILITIES

(Church functions have priority in reserving rooms)

NAME OF PERSON RESPONSIBLE: _____

DATE OF APPLICATION _____

MEMBER: _____ YES _____ NO

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

EVENT: _____ DATE OF FUNCTION: _____

FROM: _____ AM/PM TO: _____ AM/PM (please include set-up and clean-up time)

CIRCLE ROOMS REQUESTED: Parlor, Chapel, Fellowship Hall, Fellowship Hall Kitchen, Fellowship Center, Fellowship Center Kitchen, Spiz Hall downstairs, Spiz Hall Assembly room upstairs, Sanctuary, and Library

DEPOSIT: \$125.00*

FEE CHARGES: See Fee Schedule attached.

RECEIPT OF \$ _____ DATE PAID _____

BALANCE DUE A WEEK PRIOR TO SCHEDULED USE (during business hours): \$ _____

KEY ISSUED: _____ YES _____ NO IF YES, KEY# _____ RETURNED DATE: _____

The applicant and the individual executing this application hereby waive any and all claims, demands, causes of action, illnesses, or injury which they may have against La Porte Community Church as a result of the use of church facilities pursuant to this application.

The applicant acknowledges receipt of the "La Porte Community Church Facility Use Rules" and "La Porte Community Church Reservation and Fee Schedule" and has read and agreed to comply with the La Porte Community Church Facility Use Rules.

Signature

Date

*Deposits will be returned following the event, inspection of facilities, and upon return of the key.