

LA PORTE COMMUNITY CHURCH EVENT RESERVATIONS

(Church functions have priority in reserving rooms)

NAME: _____ DATE OF APPLICATION: _____

EVENT: _____ DATE OF EVENT: _____

MEMBER: _____ YES _____ NO

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

FROM: _____ AM/PM TO: _____ AM/PM *(please include requested set-up and clean-up times. These times must be cleared with church and are subject to change.)*

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* *(to hold space, damages that might occur, or exceptional clean-up)*

QUOTED RENTAL & FEES: _____ *(Fees due 2 weeks prior to scheduled use)*

The applicant and the individual executing this application hereby waive any and all claims, demands, and 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.

I acknowledge receipt of the "La Porte Community Church Facility Use Rules" and have read and agree 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.*

OFFICE USE ONLY

DEPOSIT RECEIPT # _____

RECEIPT OF FEES DATE PAID _____

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