

# REQUEST FOR USE OF LA PORTE COMMUNITY CHURCH FACILITIES

(Church functions have priority in reserving rooms)

NAME OF PERSON REQUEST: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

EVENT: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

MEMBER: \_\_\_\_\_ YES \_\_\_\_\_ NO

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ AM/PM TO: \_\_\_\_\_ AM/PM (please include set-up and clean-up times)

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: \_\_\_\_\_ (Balance due a week 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: \_\_\_\_\_