

Ascension Lutheran Church
Facility Use Application

Name of Individual/Organization: _____

Purpose of Use: _____

Contact Person: _____ E-mail: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

One-time (or common) Event:

Date: _____ Number of participants: _____

Recurring Event (may be scheduled for up to two years):

Beginning Date: _____ Ending Date: _____ Frequency: _____

Room(s) Requested: _____ Kitchen Requested: _____

Time of Event: From: _____ To: _____

Time Room(s) Needed: From: _____ To: _____

Number of Participants: _____

Arrangement for Opening and Closing the Building: _____

A copy of the insurance policy for the organization listing Ascension as "Additional Insured" Yes No OR

A signed Release, Waiver, and Indemnity Agreement Yes No

I have read and agree to the **Using Ascension Facilities – Instructions for Adult Leaders**

Signature of Using Individual / Organization's Leader Date: _____

Ascension Lutheran Office Coordinator / Representative Date: _____

Executive Committee Representative Date: _____

ASCENSION LUTHERAN CHURCH OFFICE COORDINATOR USE ONLY

Key Assigned: Yes No Room(s) Assigned: _____

Key Deposit Paid: \$25.00 Cash Check Number: _____

Signature of Using Organization's Leader for Key(s) Date: _____

Type of event (circle one): **Recurring** **Common** **One-Time** **ALC-Sponsored**