

COASTSIDE LUTHERAN CHURCH
FACILITY USE AGREEMENT

Date of request: _____

Applicant/Organization: _____

Contact: _____

Address: _____

Phone: _____ E-mail: _____

Room(s) Desired: _____

Date(s) Desired: _____

Time (include set up and clean up time): _____

Purpose of use: _____

Suggested Donation (see page 2): _____

Cleaning Deposit (see page 2): _____

Key Requested (Yes or No): _____ Key Deposit: _____

If key is lost, applicant agrees that they will be charged for changing church locks.

If one time event, TOTAL AMOUNTS DUE BEFORE THE DATE OF EVENT: _____

By signing this agreement, applicant acknowledges they have read and will abide by the Coastsides Lutheran Church Facilities Use Policy and all the rules and guidelines contained therein.

Date of Agreement _____

Signature of applicant or authorized representative Title/official capacity

Printed name of representative Phone number

Address City Zip

Suggested Donation for Event

<u>Description</u>	<u>Amount</u>	<u>Date rcv'd</u>	<u>Date refunded</u>
Cleaning deposit	\$300		
Key deposit	\$100		
Sanctuary Use	\$100/hr		
West Wing	\$20/hr		
Kitchen Use	\$75/hr		
Total for Event			
Initial Deposit (half total)			
Remaining amount due by last business day prior to the event.			

Key Number	
Date Key Rcv'd	
Date Key Returned	

	Required	Date Received
Cert of Insurance		

Approved: _____

Print Name: _____
 Coastside Lutheran Church authorized agent