

REQUEST FOR USE AND RENTAL OF FACILITIES

Grace Lutheran Church

4441 Monroe Street
Toledo, OH 43613

Phone: 419-474-6403 ext #1 - Fax: 419-474-7726

DATE __/__/__

Name/Organization: _____

Person in charge/Contact: _____

Address: _____

Daytime phone no. Home: _____ Work: _____ Cell: _____

Purpose of the organization (if applicable): _____

Membership:

Please check one: [] Member [] Non-member

Nature and purpose of event: _____

Expected attendance: _____

Actual Time of Event: _____ Room/Area requested: _____

Time requested: From: _____ To: _____

Day of Week: _____ Date of Event: _____

PLEASE NOTE:

Please read and initial each item:

- [] I understand that the security deposit of \$_____ (\$50 Fellowship Hall/\$100 Brenner Hall) is due when the room is scheduled for rental. The rental fee of \$_____ for the use of the facilities must be received by the church office a minimum of two weeks prior to the date of the event. *Please remit two (2) checks / one in the amount of the deposit / one in the amount of the rental fee. The deposit will be returned by mail after the event, given the premises are left clean and orderly and the rental party removes all garbage resulting from the event from the church premises. The church office must be notified of any cancellation of said event prior to two weeks of said event or the deposit is forfeited.
[] I understand that all trash from event needs to be taken away/removed from site of Church's property, as the Church's trash pick up is limited.
[] I have read and agree with Grace Lutheran Church's policy on room rental.

Signature: _____ Printed Name: _____

OFFICE USE ONLY Deposit: \$ _____ Paid in Full: \$ _____ Date Pd: _____
Schedule/Notify: [] Calendar [] Counters [] Custodian [] Other:

Please return completed form and security deposit to the above Grace Lutheran Church address. Payment for rental is due no later than two weeks prior to event.