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**ADVENT LUTHERAN CHURCH**  
**Facility Use and Fee Agreement**  
**Please Submit to Administrative Assistant**

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**To Be Completed by Group / Organization**

Today's date: \_\_\_\_\_

Event start date: \_\_\_\_\_

Day(s) of the week \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Day(s) of the week \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Day(s) of the week \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Day(s) of the week \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Day(s) of the week \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Type of activity / event (describe): \_\_\_\_\_

Name of group / organization: \_\_\_\_\_

I certify this is a registered 501(c)(3) nonprofit organization: \_\_\_\_Yes \_\_\_\_No

If no, state the ministry purpose of this request: \_\_\_\_\_

Person in charge: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Alternate person in charge: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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**FACILITIES NEEDED**

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Insert Dates Needed

Sanctuary & Narthex \_\_\_\_\_

Berkland Fellowship Hall and Kitchen \_\_\_\_\_

Narthex \_\_\_\_\_

Fireside Room / Library \_\_\_\_\_

Single Classroom - Room 9 \_\_\_\_\_

Single Classroom - Room 10 \_\_\_\_\_

Double Classroom \_\_\_\_\_

North Youth Room(Room 1) \_\_\_\_\_

South Youth Room(Room 2) \_\_\_\_\_

Old Education Wing (Summer availability only) \_\_\_\_\_

Sound System with Engineer(s) \_\_\_\_\_

Tables Needed: # \_\_\_\_\_ Large Round \_\_\_\_\_ Small Round \_\_\_\_\_  
Rectangular \_\_\_\_\_

Chairs Needed # \_\_\_\_\_ Folding \_\_\_\_\_ Stacking \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Please speak with the Administrative Assistant for Facility Use Fees**

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**ACKNOWLEDGEMENT**

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I have received and read the Advent Lutheran Church Facility Use Policy and understand its contents. I will abide by the terms of the Policy in connection with my / my group's use of the facility.

Name of organization: \_\_\_\_\_

Contact person (print name): \_\_\_\_\_

Contact phone numbers: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

\_\_\_\_\_  
Contact Person's "ACKNOWLEDGEMENT" Signature

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**TO BE COMPLETED BY ADMINISTRATIVE ASSISTANT**

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Verified this is a registered 501(c)(3) nonprofit organization

Verified this is NOT a registered 501(c)(3) non profit organization

Unable to verify

Fee \$ \_\_\_\_\_

Date paid \_\_\_\_\_

Key(s) # \_\_\_\_\_

Date issued \_\_\_\_\_

Date keys returned: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date approved: \_\_\_\_\_