

Completing this form does not guarantee use of our facility.

Your application will be reviewed and a church representative will contact you within the next 30 days.

APPLICANT INFORMATION

Date Application Received _____

Check One:

Non-Member-Individual Non-Member-Organization

If organization, group name _____

Name of Event Organizer / Contact _____ Today's Date _____

Address _____ City _____ State _____ ZIP _____

Phone (day) _____ Phone (evening) _____ Best Contact Time _____

Driver's License # _____ Expiration Date _____ Email _____

Name of St. John's Staff Contact _____

Is Group Non-Profit? Yes No Tax ID # _____

Organization's Website _____

References (Places where group previously held events) _____

ABOUT THE EVENT

Event Name _____

Event Description _____

Date(s) – From _____ To _____

Set-Up Start Time* _____ Event Start Time _____ Event End Time _____ Clean-Up End Time* _____

If ongoing event: Frequency _____ Day(s) of Week _____ Number of People Attending _____

**This is when doors will be unlocked / locked. Facilities are rented on a per event basis, with a one (1) hour minimum.*

Will the use of the church facilities result in income or profits to the requestor? Yes No

If yes, details _____

Does the event involve children or students (under age 18)? Yes No

If yes, who will be supervising? _____

Will tickets be sold? Yes No In Advance At-the-Door Both *Additional security may be required.*

Do you intend to have animals on the property? Yes No (Refer to Section 6.9 of policy requiring counsel approval)

ALCOHOL

1. Will your event have alcohol available for consumption or sale? Yes No

Any use of alcohol during an event must be approved by the Church Council. This process may take up to 30 days.

2. Will you be selling alcohol at the event? Yes No

If yes, please note that permits must be received from Police Department and a copy given to the church at least 14 days prior to your event. Visit www.abc.ca.gov for more information on obtaining an alcohol permit.

WHICH CHURCH FACILITIES WOULD YOU LIKE TO USE?

Check all that apply.

	ROOM	CAPACITY	MONDAY - THURSDAY	FRIDAY - SUNDAY
	Goethe Hall	240	\$150/hr	\$200/hr
	Goethe Kitchen		\$125/hr	\$150/hr
	Oehler Hall - North	103	\$100/hr	\$150/hr
	Oehler Hall - South	90	\$100/hr	\$150/hr
	Oehler Hall - N & S	193	\$150/hr	\$200/hr
	Gedestad Kitchen		\$125/hr	\$150/hr
	Sanctuary	500	\$250/hr	\$300/hr
	Courtyard	40	\$25	\$25
	Bethany	12 - 15	\$25/hr	\$35/hr
	Cana	10	\$25/hr	\$35/hr
	Music Room	40	\$50/hr	\$100/hr
	Parking Garage (Sat/Sun only)	280	\$50	\$100

STAFFING CHARGES

\$25/hour up to 8 hours; \$37.50 for each additional hour or portion thereof. Ratio of 1 staff person per 50 people.

OPTIONAL GOODS & SERVICES

Check all that apply. Please indicate how many you will need of each item.

	ITEM	PRICE/UNIT	QUANTITY	COST
	60" Round Table	\$5		
	6' Rectangular Table	\$5		
	4' x 2' Serving Table	\$5		
	Table Linens (If damaged, \$15 replacement charge per tablecloth)	\$2		
	Beverage Service for up to 30 guests (coffee/tea, lemonade, ice water)	\$20		
	Chairs	\$1/person		
	Paper Products (cups, napkins)	\$2/person		
	China Table Settings (\$15 replacement charge if damaged)	\$7/person		
	Audio/Visual Assistance (3 hour minimum) Required for use of sound board in the Sanctuary	\$50/hour		
	A/V Cart (Bluray/DVD player/projector)	\$25		
		TOTAL		

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS

FEES & DEPOSITS

_____ I acknowledge that fees for each event will be paid in full no later than two (2) weeks prior to the scheduled date. Failure to pay event fees timely and in full may result in the loss of the reservation.

_____ I agree to pay a security and damage deposit of \$300 which is required for non-member use of the facilities and must be paid prior to an event being placed on the church calendar. If it is determined after the event that no damage has occurred, no additions were made to the requests outside of this agreement on the day of the event, and the rooms utilized were vacated at the agreed upon time, the full amount will be returned within 15 business days. If damage has occurred, the funds will be applied to repairs. Any additional costs will be charged to the Event Organizer. Any excess will be returned.

_____ I agree to pay janitorial deposit of \$200 which is required for non-member use of only the kitchen facilities. If it is determined after the event that the kitchen facilities were left in the condition delivered, the full amount will be returned within 15 business days. If additional cleaning is required, the entire deposit will be applied to janitorial costs.

AUDIO/VISUAL EQUIPMENT

_____ I acknowledge that limited audio/visual and multimedia equipment may be available for use but is subject to availability of equipment and staff.

SUPERVISION OF CHILDREN & STUDENTS

_____ I acknowledge that users of the facilities are expected to follow the guidelines listed in the St. John's *Facilities Use Manual* and *Safety of Minors: Policies & Practices*.

INSURANCE, LIABILITY & PERMITS

_____ I understand that I or my group is responsible for the liability arising from the event. I will show proof of liability insurance at \$1 million within 7 days of the event's approval and will name St. John's Lutheran Church as an additional insured.

Please submit a copy of the Liability Certificate to info@stjohnslc.org.

Will music be performed at this event? Yes No

_____ I understand that I must provide copyright permissions, in writing, 14 days prior to the event.

Will you be selling alcohol at this event? Yes No

_____ I understand that I must provide a copy of the permit, issued by the Police Department, 14 days prior to the event.

Please submit copy of the copyright and/or alcohol permit(s) to info@stjohnslc.org.

_____ I agree that my signature below indicates an understanding of an agreement to be bound by the Church policies regarding the use of facilities, including but not limited to, the obligation to repair, clean, and/or replace church property damaged during the above mentioned event scheduled to be held on St. John's Lutheran Church property.

Event Organizer/Contact Signature * _____ **Date** _____

**The Church must be notified immediately if there is any change in the individuals in charge of the event.*

Once submitted, the Facility Use Application will be reviewed within 30 days by the appropriate church staff. Once an event has been approved, it will be listed on the church calendar (www.stjohnslc.org/events), and the Event Organizer will be notified by email and/or phone.

FOR OFFICE USE ONLY

Reviewed by (initialed by appropriate staff member) Admin _____ Property _____ Music _____

Action: Approved Denied Further Consideration Required

Are fees required? Yes No

Authorized by _____ Date _____
Executive Director of Administration or Senior Pastor

- Council Approval for Alcohol Rec'd Date _____ N/A
- Liability Certificate Rec'd Date _____ N/A
- Copyright Notification Rec'd Date _____ N/A

FEES

DESCRIPTION	AMOUNT	DUE BY
Security Deposit (payment required for event to be added to church calendar)		
Janitorial Deposit (required for non-member use of kitchen facilities)		
Room Rental Fees		
Optional Goods & Services		
Staff Fees		
Other		
TOTAL:		

A security deposit of \$300 must be submitted with the Facilities Use Application. Fees for each event must be paid in full no later than 2 weeks prior to the scheduled event date. Failure to pay fees timely and in full may result in the loss of the reservation.

PAYMENTS

PAYMENT AMOUNT	DATE	REC'D BY	FORM OF PAYMENT	CHECK #