

BUILDING USE REQUEST FORM

St. John's Evangelical Lutheran Church
302 2nd Ave NE

Buffalo, Minnesota 55313

Phone: 763-682-1883, Fax: 763-682-1936, Email: info@stjohnsbuffalo.org

Please complete this form as completely as you can and submit it to the office to clear the date on the office calendar. It will then be forwarded to the Trustees/Facility Coordinator who will contact you with any questions, quote you a price, and sign it indicating approval. It will be kept on file in the office.

DATE(S) NEEDED: _____ Date(s) cleared on office calendar _____

Organization/Event Name _____

Contact Person's Name _____ Member Yes No

Home Number: _____ Work Number: _____

E-mail: _____

IF ON-GOING EVENT: First Date: _____ Last Date: _____
(Circle) M T W Th Fr Sa Su Wkly Bi Wkly Monthly Quarterly

TIME NEEDED: From: _____ To: _____ (including set-up and cleanup)

Number of Persons Expected at Meeting or Event: _____

ROOMS REQUESTED:

- | | | |
|---------------------------------------------|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Narthex | <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Fellowship Hall Kitchen | <input type="checkbox"/> Sunday School Room |
| <input type="checkbox"/> Family Life Center | <input type="checkbox"/> Life Center Kitchenette | <input type="checkbox"/> Board Room |

EQUIPMENT NEEDED: (Indicate Number Needed)

_____ 6 ft. Tables _____ Chairs per 6 ft. table
_____ 8 ft. Tables _____ Chairs per 8 ft. table
_____ Round Tables _____ Chairs per round table (Up to 8)
_____ Risers _____ Podium _____ Microphone _____ Piano
_____ Paper / Pad / Easel (extra charge per sheet) _____ VCR / TV /DVD player

Use separate sheet to sketch set-up arrangement you'd like.

SPECIAL NEEDS: (please explain or request unique needs) _____

User Agrees To The Following:

1. No smoking is permitted in or within 50 feet of the building. No alcoholic beverages or illegal drugs are allowed on the church premises.
2. Activities will be confined to areas requested and approved.
3. The building will be used only during designated hours and dates.
4. Person in charge of group will be present when anyone enters the building, and will remain until the entire group has left the premises.
5. Turn off lights and any appliances used. Leave area in the same condition as you found it.
6. User is responsible for locking the building when leaving. After locking, be sure door is securely closed.
7. A phone is available in either kitchen. No long distance calls are permitted.
8. Church equipment shall not be used or moved from one room to another without prior approval.
9. User is responsible for any damage that may occur during their use of St. John's Lutheran's property. Please report damage to the Church Office.

RENTAL FEES *:

<u>Room</u>	<u>**Member</u>	<u>Non-Profit</u>	<u>Non-Member</u>	<u>For Profit</u> <small>(overrides member)</small>
Sanctuary – Use of Grand Piano/Organ	\$75.00	\$125.00	\$250.00	\$325.00
Family Life Center ***	\$125.00	\$250.00	\$400.00	\$600.00
Fellowship Hall	\$75.00	\$125.00	\$250.00	\$400.00
Sanctuary & Fellowship Hall	\$125.00	\$250.00	\$400.00	\$600.00
Board Room	NC/DA****	1-\$10 Mo-\$15	1-\$10 Mo-\$15	\$50.00
Classroom	NC/DA****	1-\$10 Mo-\$15	1-\$10 Mo-\$15	\$50.00

Wedding and Funeral Fees are separate

* Fees can vary based on number of attendees, amount of set up and tear down, meeting routine, and use of kitchen. The final fee decision is made by the Board of Trustees.

** Member use is for private events only and does not apply to public events a member is hosting for another group.

*** Minimum is \$20.00 per hour. Rental of the Family Life Center also requires a second check of \$125.00 as a damage deposit. The check will be returned if the room is left as you found it.

**** No charge, donations accepted

All fees are required in advance.

Make check payable to ST. JOHN'S EVANGELICAL LUTHERAN CHURCH

This form must be completed and approved by the Trustees/Facility Coordinator to guarantee requested rental space and date. Any questions regarding the policy should be directed to the Trustees/Facility Coordinator. See the Facility Use Policy regarding set up and clean up instructions.

User agrees to all terms and conditions as stated above for the use of the particular facilities listed above.

_____ Date: _____
(Signature of Individual User / Organization User)

_____ Date: _____
(Signature of Trustees/Facility Coordinator indicating this agreement is approved.)

Approved Fee: _____ Date paid: _____