

## **APPLICATION FOR THE USE OF CHURCH FACILITIES**

APPLICANT INFORMATION:					
Individual:	Group/Organization Name:				
Name:					
Phone:	Cell Phone:	Email:			
Responsible Party if other than applicant:					
Phone:	Cell Phone:	Email:			

EVENT INFORMATION					
Date of Event:			Type of Event:	Estimated Attendance:	
Times of Event (including set up and clean up):					
Alcohol? Ye	s or	No	If yes refer to Alcohol Policy a	nd complete the following:	
I have read and agree to the following Alcohol Policy					
Responsible Adult (Age 25 or older) Signed Name:					
Phone:			Cell Phone:	Email:	
The Responsible Adult must be present for the entire event.					

REQUEST TO USE THE FOLLOWING: (Please clearly mark all locations/equipment)				
Sanctuary				
If clergy involved:	Name:	Religious Affiliation:		
Fellowship Hall	Kitchen	Classroom(s)	Outdoors	
Tables	Chairs	Coffee Maker		

The fee for the use of the fellowship hall, kitchen and restrooms and grounds is \$100.00, to be paid at the time of the Application. **This fee is waived for members of Risen Savior, although a church donation is encouraged.** The Applicant will be billed for any costs to clean up after the event. The use of the Sanctuary and/or classrooms will be by separate agreement with the Church Council.

Signature of Applicant

Date

FOR OFFICE USE ONLY				
Received By:	Date/Time:			
Council Reviewed by:	Date/Time:			
Approved and added to calendar:	Not Approved			
Comments:				