

Request for Use of Facility

To Whom It May Concern:

This form must be completed and returned to the church with an insurance waiver if a corporate entity is making the request. Requests are acted on within 3 working days after the deposit is received.

Return to: Our Saviour's Lutheran Church
300 Logan Street
Merrill, WI 54452
Phone: 715-536-5813

1. Name, address & phone number of person making this request:

Name: _____ Date of Request: _____
Address: _____ Phone Number: _____
City, State & Zip: _____

2. Indicate if activity is: religious civic school family business

3. Is the group a charitable non-profit or tax exempt organization? Yes No

4. Purpose of request _____

5. Number of expected participants _____

6. Indicate which part(s) of the facility is requested for use:

Sanctuary Lounge Classroom Youth Room
 Council Room Choir Room Basement Kitchen

7. Is the group or family aware of the security deposit fee if a key is requested Yes No
Key Number _____
If not, explain _____

8. Date(s) requested _____ Time(s) _____
Total Hours Requested (including set up and clean up) _____

9. Will the group do their own set up, take down or cleaning? Yes No

Note: For all business and group requests, a proof of insurance is required. Please have proof from your insurance company attached to this form.

I / We have read and agree to follow the Our Saviour's Lutheran Church Building Use Policy

Signed _____ Date _____

For office use: Date received: _____ Received by: _____
Approved by: _____ Contact Custodian _____
Security Deposit Paid: _____
Proof of insurance attached: Yes No On File Not Applicable