

HOUSE OF PRAYER LUTHERAN CHURCH

7625 Chicago Avenue South
Richfield, Minnesota 55423

BUILDING USE REQUEST FORM – OUTSIDE EVENTS

*RETURN FORM to above address, attention Cara Wright, Director of Administration, or email: cwright@house-of-prayer.com
Call 612-866-8471, ext 3.*

DATE NEEDED _____

IF STANDING REQUEST: First Date: _____ Last Date: _____

(Circle) M T W Th Fr Sa Su __ Wkly __ BiWkly __ Monthly __ Quarterly

ORGANIZATION / EVENT NAME _____

Event Start Time: _____ am/pm

Event End Time: _____ am/pm

Do you need set-up time? no/yes If yes: _____ hours/minutes

Do you need clean up time? no/yes If yes: _____ hours/minutes

Number of Persons Expected at Meeting or Event: _____

Contact Person Name: _____

Address: _____

Cell Number: _____ Home Number: _____

E-mail: _____

ROOMS NEEDED:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Office Conference Room | <input type="checkbox"/> Library | <input type="checkbox"/> Sanctuary |
| <input type="checkbox"/> Parish Hall | <input type="checkbox"/> Sunday School Rooms | <input type="checkbox"/> Narthex |
| <input type="checkbox"/> Parish Hall Kitchen | <input type="checkbox"/> Nursery | <input type="checkbox"/> Choir Room |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Youth Room | |
| <input type="checkbox"/> Fellowship Hall Kitchen | <input type="checkbox"/> Large Muscle Room | |

EQUIPMENT NEEDED:

- _____ 8 Ft. Rectangular Tables
- _____ 60” Round Tables
- _____ Chairs (10 chairs per rectangular table / 8 chairs per round table)
- _____ Podium
- _____ Easel
- _____ White Board
- _____ Coffee Pots

(If available, additional fees may apply for use of TV’s, microphones, and sanctuary sound system.)

SPECIAL NEEDS: (please use space here sketch set-up and to explain or request unique needs)

User Agrees To The Following:

- 1) No smoking permitted in or within 20 feet of the building. No alcoholic beverages or illegal drugs are allowed on the church premises. No pets.
- 2) The building will be used only during designated hours and dates (this also applies to set up).
- 3) Activities will be confined to areas requested and approved. Person in charge of group will be present when anyone enters the building and will remain until the entire group has left the premises.
- 4) Children will be supervised by a designated adult at all times in an agreed upon location.
- 5) Church equipment cannot be used or moved from one room to another without prior approval.
- 6) Styrofoam products are not to be used; Chinet paper (compostable) or plastic (recyclable) preferred.
- 7) Damage deposit will be refunded only if the space is left in same/better condition than it was found; lights/appliances turned off, surfaces wiped clean, carpets vacuumed, chairs/tables put away, kitchen sinks/counters/stove/microwave wiped, and all food/garbage removed. Questions should be directed to Cara Wright, Director of Administration, 612-866-8471, ext. 3.
- 8) User is responsible for any damage that may occur during their use of HOP property. Please report damage to the Church Office within 1 business day of use.

ROOMS \$ _____ Fee

CUSTODIAL \$ _____ Fee

TOTAL \$ _____ Fee

Please make check payable to House of Prayer Lutheran Church

DAMAGE \$ _____ Fee

DEPOSIT
(ADDITIONAL)

Please make separate check payable to House of Prayer Lutheran Church. Check will be shredded or returned to user if facilities are left clean, all equipment is put away, children have been supervised, and all parties have exited the building by 10PM.

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

Dated this _____ day of _____, 20____ ; _____
Signature of Individual User / Organization

FOR OFFICE USE ONLY - Payment Information

_____ Payment amount	Payment by: cash / check / online	_____ Date received
_____ Entered in church calendar		_____ Deposit Date