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 Operations & Communications or email: office@house-of-prayer.com
Call 612-866-8471, ext 211.

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:

___ Heritage Conference Room
___ Fireside Conference Room
___ Parish Hall
___ Parish Hall Kitchen
___ Fellowship Hall
___ Fellowship Hall Kitchen
___ Library
___ Pre-School Rooms
___ Sunday School Rooms
___ Nursery
___ Youth Room
___ Room for supervised children's activities
___ Choir Room
___ Sanctuary
___ Narthex

EQUIPMENT NEEDED:

_____ 8 Ft. Rectangular Tables
_____ Chairs (10 chairs per 8' table / 8 chairs per round table)
_____ Podium
_____ Easel
_____ White Board
_____ Coffee Pots ($5/ea with own coffee / $10/30 cups made)
_____ Round Tables
_____ Piano
_____ TV
_____ Sound System ($50 for tech)

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.
2) Activities will be confined to areas requested and approved.
3) 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) The building will be used only during designated hours and dates.
5) Children will be supervised by a designated adult at all times in an agreed upon location.
6) Church equipment shall not be used or moved from one room to another without prior approval.
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 Ramo Zejnilovic, Maintenance Manager.
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

DEPOSIT $_____Fee 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 Date received _____

Notes:

_____ External Event Entered in church calendar _____

_____ Member Event Staff Initials _____