FACILITY USE APPLICATION

Complete all applicable blanks and return form to:

St. Stephen Lutheran Church
8400 France Ave. S.
Bloomington, MN 55431
952-831-4746

For Office use only

Date Assigned: _____

Amt. of Deposit: _____ Date Rec'd. _____

Use Fee: _____ Date Rec'd. _____

Key #: _____ Date Key Dep. Rec'd. _____

Organization Requesting Use: _____ Activity: _____

Date(s) Requested: (Please list **dates** (month/day/year) under the appropriate day of the week.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please use reverse side for additional dates.

Activity begins: ____ a.m. ____ p.m. Activity ends: ____ a.m. ____ p.m.

Space(s) Requested:

☐ Sanctuary	☐ Chapel	☐ Fireside Room	☐ Room 136W	☐ LL3
☐ Activity Ctr.	☐ Kitchen*	☐ Conf. Rm. A	☐ Room 135W	☐ LL4
☐ Narthex	☐ St. Stephen Rm.	☐ Conf. Rm. B	☐ Room 126E	☐ LL7
	☐ Choir Rm.	☐ Youth Room	☐ Room 128E	

*A separate kitchen form must be filled out for <u>any</u> use of the Kitchen.

<u>Key:</u> A key may be needed for entry and/or lock-up when custodian is not on duty. If a key is required by your group, a $25 key deposit must be paid and the key signed out by the responsible person. Please check with the church office to see if the building will be open at the time of your activity.

Set-up Information: (Please circle "Yes" or "No" and if "Yes", indicate number needed.)

Tables: Yes No — Rectangle: 10' _____ 12' _____ Round: 5' _____

Chairs: Yes No — # of chairs needed: _____

# of people attending: _____

Responsible Person: _____ Home Phone: _____ Work Phone: _____

Address: _____ City, Zip: _____

Person Supervising Activity (if different from Responsible Person): _____

Supervisor will arrive at: _____ ☐ a.m. ☐ p.m. Supervisor Phone: _____

Supervisor must arrive before other participants.

Special Requests: (Please verify that special requests can be fulfilled, do not assume that they can be.)
A custodian may not be available to assist with last minute requests.

<u>LIABILITY:</u> The applicant agrees to assume full responsibility for injury to persons and damage to property arising from the use of facility by applicant hereunder and agrees to indemnify and hold harmless St. Stephen Lutheran Church from any and all claims and damages relating thereto.

I have read and understand the St. Stephen Lutheran Church Building Use Policy.

_____ _____
Signature of Person Responsible Date of Application

Rev. 6-20-07

Additional Dates Requested:

(Please list as MM/DD/YY under the appropriate day of the week.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Set-up Map: