ST. JOHN'S BUILDING USAGE FORM

St. John's Lutheran Church
312 S. Third St.
Evansville, WI 53536
608-882-4044

Date of Request_____

NAME of Organization_____ PHONE_____

TYPE of Request/Purpose_____

DATE(s) of Event:_____ TIME: From_____ To_____

DESIGNATE: ☐ Non-Profit Organization ☐ Profit Organization

INDICATE: What Charges Will Be Made to Participants:_____

Number of Persons Anticipated to be Present for this Event:_____

SPECIFIC AREA NEEDS:

☐ Fellowship Hall ☐ Choir Room

☐ Library ☐ Sanctuary ☐ Chapel

☐ Kitchen ☐ Narthex ☐ Other (specify) _____

SUPPLIES Needed:

Tables: Number_____ Type_____

Chairs: Number_____ Type_____

Other (specify): _____

Person Making the Request: _____

Address: _____

Phone: _____

Person/s Responsible for: a) Set-Up_____

b) Take-Down_____

c) Clean Up_____

Insurance: Does the organization carry liability insurance? Yes _____ No _____

Name of insurance company _____

The rooms that we use will be put back in the order we found them and if the floors need sweeping or vacuumed it will be my responsibility to see that it is done.

I, the undersigned, accept full responsibility in the event of loss or damage to church property.

Signature:

Rev. 2/09

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