

ST. JOHN'S EQUIPMENT 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 of Event: _____ **TIME**: From _____ To _____

DESIGNATE: Non-Profit Organization Profit Organization

SUPPLIES Needed:

Tables: Number _____ Type _____

Chairs: Number _____ Type _____

Nesco _____

Other _____

Other _____

Person Making the Request: _____

Address: _____

Phone: _____

Pick-Up Date: _____ **Pick-Up** Time: _____

Return Date: _____ **Return** Time: _____

Person/s Responsible for: a) Picking-Up _____

b) Returning _____

c) Clean Up _____

***NOTE: All items MUST be returned within 48 hours of Pick-Up time.**

Charges Made to Participants: _____

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

Name of insurance company _____

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

Rev. 2/09