

LIFE LUTHERAN CHURCH

1963 Carlson Blvd., RICHMOND, CA 94804
Tel/Fax: (510) 526-5304 LLC_ELCA@yahoo.com

REQUEST FOR USE OF FACILITY

A. APPLICANT INFORMATION

Name of Individual: _____

Name of Organization (Profit/Non Profit) _____

Address: _____

City _____ State _____ Zip _____

Tel: _____ Fax: _____ E-mail: _____

On behalf of the applicant, the undersigned agrees to abide by Life Lutheran Church's rental agreements, set forth in the Rules & Regulations of Rental and Facility Use.

Signature: _____ Date: _____

B. EVENT INFORMATION

Date: _____ (mm/dd/yy) Time: from: _____ to _____ inclusive

Space Requested:

Sanctuary (110 seated capacity) Social Hall (110 seated capacity)

Other, specify: _____

Type of Event:

Wedding Memorial service Birth celebration

Family party Lecture Group meeting

Community meeting Educational program

Other, specify: _____

Approximate Attendance:

Up to: 30 50 70 90 110

Baby Sitting (Optional):

How many children? _____ Age Group: _____

Rehearsal:

Date: _____ Time: _____

Equipment/Set-up Needs:

- Tables: number and configuration _____
- Chairs: number _____
- Audio equipment: _____
- Video equipment: _____
- Other: _____

C. FEES

	\$
Sanctuary	_____
Social Hall	_____
<i>Subtotal – Space</i> _____	
Event Coordinator	_____
Janitorial Service	_____
Baby Sitting	_____
Other	_____
Security Deposit (refundable)	_____
<i>Subtotal – Other</i> _____	

TOTAL CHARGES \$ _____

Payment:

50% Deposit (payable with application) \$ _____
 Balance Due (14 days prior to the event date) \$ _____

Cancellation Policy

- Full Refund – 90 days or more before the event
- No Refund – less than 90 days before the event

Approved on behalf of Life Lutheran Church

Signature: _____ Name of the representative: _____
 Date: _____

Event Coordinator:
 Name: _____
 Contact No: _____ Email Address: _____

OFFICE USE ONLY:

Deposit Received: Amount: \$ _____ Date: _____ Initial: _____
 Balance Received: Amount: \$ _____ Date: _____ Initial: _____

(Revised 2/28/2009)