

Facility Use Request Form

Facility use is subject to approval of this request, completion of the **Facility Use Agreement** and other applicable forms, and payment in accordance with the **Facility Use Policy**.

San Marcos Lutheran Church
3419 Grand Ave
San Marcos, CA 92078
760-727-1509
smlc3419@sbcglobal.net

Name of Person/Group Requesting Use	
Name of Contact Person <i>(if different)</i>	
Contact Phone Number	Home/landline Cell (can receive text) Work/office
Contact Email Address	

THIS REQUEST IS FOR A:

1. Recurring Event

Event Frequency <i>(e.g. "the first Tuesday of each month" or "every Wednesday")</i>	
Date of First Event	
Facility Use Start Time <i>(i.e. when the first person will arrive to set up)</i>	
Facility Use End Time <i>(i.e. when the last person will leave after clean-up)</i>	

2. Single Event

Event Date	
Facility Use Start Time <i>(i.e. when the first person will arrive to set up)</i>	
Facility Use End Time <i>(i.e. when the last person will leave after clean-up)</i>	

EVENT DETAILS

Space Requested (<i>check all that apply</i>)		<input type="checkbox"/> Luther Hall	<input type="checkbox"/> Sanctuary
Number of Attendees	Adults	Children	
<i>For a recurring event, list the expected/average number of attendees at each occurrence.</i>			

<input type="checkbox"/> Key(s) needed	<i>Complete the additional Key Request Form.</i>
<i>An alternative to requesting a key is the \$25 open/close fee as outlined in the Facility Use Policy.</i>	
<input type="checkbox"/> Kitchen needed	<i>Complete the additional Kitchen Use Agreement.</i>
<input type="checkbox"/> Piano/Organ needed	<i>Complete the additional Piano/Organ Damage Rider.</i>
<input type="checkbox"/> A/V needed <input type="checkbox"/> A/V operator needed	<input type="checkbox"/> LH Podium Microphone <input type="checkbox"/> LH DVD Player <input type="checkbox"/> Sanctuary Microphone(s) <input type="checkbox"/> Sanctuary TV Screen <input type="checkbox"/> Sanctuary Recording Equipment

I/we have reviewed the **Facility Use Agreement**, including the **Facility Use Policy**, and understand the cost associated with my/our facility use.

Signature	
Today's Date	

Submit this completed form to the Office Manager or Pastor.

- - - OFFICE USE ONLY - - -

This Facility Use Request is <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED by:	
<i>Signature of Office Manager, Pastor, or SMLC Council Member</i>	

The corresponding **Facility Use Agreement** will require a completed and signed:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Facility Use Fee Addendum | <input type="checkbox"/> Kitchen Use Agreement |
| <input type="checkbox"/> Key Request Form | <input type="checkbox"/> Instrument Damage Rider |
| <input type="checkbox"/> Child Safety Policy Acknowledgment | <input type="checkbox"/> Other: _____ |