TRINITY EVANGELICAL LUTHERAN CHURCH Application for Use of Church Facilities

We are glad to offer our church facilities to community organizations, but we need your help to keep track of who is using the church and when it is being used. Please fill out this information sheet and return it to the church office (235 N. Stevens St., Rhinelander, WI 54501). It's important for us to know **when** you're meeting, as well as **who** to contact when a scheduling conflict or other problem arises. Please inform the church office (715-362-4258) if you would like to change meeting dates, or if your contact person changes. Thank you for your help.

		Today's Date:	
Type of Organization: Profit Non-profit	Corporation	Member of Trinity	
Describe Event:			
	Date(s) of Event:	Time:	
Meeting Schedule (weekly, monthly, etc.):			
Number of people anticipated for the event:			
Do You meet in the summer?: Yes No	DO YOU NEED A KEY?	YesNO	
Contact Person:	Daytime Phone #:		
Address:	Evening Phone #:		
	Work Phone #:		
E-mail Address:			
Specify Room(s) Requested for Event:			
Sanctuary (Weddings/Funerals) Large Class	room Moses F	Room Youth Room	
KitchenNursery Fellowship Hall	Gymnasium	Other ()	
Please list any special needs, setup or equipment requests (f	fees may be applicable): _		
Signature of Requester:		_ Date:	
Your signature confirms that you have read and will abide by Equipment". Trinity Evangelical Lutheran Church reserves the room(s) or cancel the scheduled event if circumstances are w	e right to change the assig		
You will be contacted by a building use representative wi	th the results of the appr	oval process.	
Church Use	e Only		
Liturgical Oversight by:		Date:	
Approved by the Building Use Committee		Date:	
Copy of insurance policy attached with Trinity Evangelic	al Lutheran Church listed a	as additional insured	
Rental fee amount: \$			
Non-refundable Deposit (\$) receiv	ved	Date:	
Security Deposit (\$) received	ſ	Date:	
Key Assigned: (#)			
NOTES:			