

**NORTH CAPE LUTHERAN CHURCH  
REQUEST FOR USE OF CHURCH FACILITIES AND/OR CHURCH ITEMS**

Date \_\_\_\_\_

Name of person and/or organization and organization leader, telephone number & address  
\_\_\_\_\_

For what purpose are you making this request? \_\_\_\_\_

**FACILITY AND/OR ITEM USE**

Date Requested \_\_\_\_\_ Hours space/items of use are needed: From \_\_\_\_\_ To \_\_\_\_\_

Specific area needed (if facility request) \_\_\_\_\_

Any special items or equipment needed (if facility request)? \_\_\_\_\_

Will there be an admission charge? YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT \_\_\_\_\_

How many will be in attendance? \_\_\_\_\_ Age of attendees from \_\_\_\_\_ To \_\_\_\_\_

What number/percentage of the attendees are members of North Cape? \_\_\_\_\_

**\*Consumption of alcohol or use of other drugs is prohibited on church property and smoking is only allowed outside the facilities.**  
\_\_\_\_\_

**CHAIR AND TABLE USE ONLY**

What items and number are you requesting? \_\_\_\_\_ TABLES (those stored in garage for outside use) \_\_\_\_\_ CHAIRS

When will you pick these items up (when a staff person present)? \_\_\_\_\_

When will you return these items (when a staff person present)? \_\_\_\_\_

The chairs and tables stored in the church garage are the only items available for personal use by members I, the undersigned, agree to follow the rules and regulations of North Cape Lutheran Church when using the church facilities or any of the church properties. I understand that any persons involved in damaging church property and/or contents will not be allowed to attend future meetings unless reinstated per agreement with North Cape Council. Further, any acts of willful or malicious damage to North Cape Lutheran Church will result in the suspension of the right to use the church facilities by the above listed organization until reviewed by the Church Council. We also ask that you agree to reimburse the church for cost of repairing or replacing any items used that are damaged/broken while in your care.

Signature of Person in Charge \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ City/State \_\_\_\_\_

**ACTION OF CHURCH**

Permission Granted: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Rental Fee (if applicable) \$ \_\_\_\_\_ must be paid upon receipt of approval, and made payable to **North Cape Lutheran Church**.

Comments on use \_\_\_\_\_

Signature of Approving Authority: Name \_\_\_\_\_ Position \_\_\_\_\_

Instructions to Custodian or others: \_\_\_\_\_

Office Use:  Calendar  Custodian Notified  Group/Individual Notification \_\_\_\_\_  Deposit paid