

FACILITY USE REQUEST
Facility Use Policy Version 2025-05-13

FAITH LUTHERAN CHURCH
2335 S. Webster Ave., Green Bay, WI 54301
Phone: (920) 435-5524

Name of Organization: _____ [☐] N/A (Private Party)

Responsible Person: _____

Responsible Person: [☐] **is** [☐] **is not** a member of Faith Lutheran Church

Address: _____

Email Address: _____ Contact Phone: _____

Date Requested: _____ Event Time* from: _____ to: _____

* Include event day set-up and clean-up time. Prior to event day room set-up is subject to availability.

Event Name: _____ Estimated No. of Attendees: _____

Facilities Requested (check all as applicable): [☐] Sanctuary [☐] Fellowship Hall [☐] Kitchen

Event includes Alcohol** (check applicable): [☐] No [☐] Yes (Free) [☐] Yes (For Sale)

If Yes, describe type(s) of Alcohol and Distribution Method(s): _____

** Inclusion of alcohol is subject to prior approval. Review of and compliance with the Alcohol Policy of FAITH LUTHERAN CHURCH is required. The sale of alcohol requires the applicable Class B beer, wine and/or Operator's licenses. DISTILLED ALCOHOL IS NOT PERMITTED.

Wavier(s) Requested and Reason for Request: _____

Additional Information/Comments: _____

When required your security deposit and a Certificate of Liability Insurance must accompany this signed form to reserve your date and the entire cost of the rental must be received at least seven (7) days prior to your event. Evidence of required licenses must be received at least fourteen (14) days prior to your event.

By returning this signed Facility Use Request form;

- I agree that I have read, understood and agree to comply with the requirements and responsibilities contained in the Facility Use Policy, and if applicable, the Alcohol Policy of FAITH LUTHERAN CHURCH. I agree that questions concerning these policies have been satisfactorily answered.
- I understand that failure to comply with these policies may result in Faith Lutheran Church keeping my deposit and/or charging additional fees. If repair or replacement of damaged property is necessary, I will be responsible for the costs of those repairs or costs for replacement.
- I understand that FAITH LUTHERAN CHURCH:
 - Has the right to terminate this agreement at any time.
 - Cannot accept liability for any injury incurred by any individual during use of its property, facilities, or equipment.
 - Is indemnified by the applicant for any damage/loss of property or injury arising by persons attending said event.

Signature: _____ Date: _____

FACILITY USE REQUEST

Facility Use Policy Version 2025-05-13

Event Name: _____ Date: _____

Rental Fee Schedule	Member (Note 1)	Non-Member (Note 2)
Fellowship Hall (Capacity 300)	\$25 per hour (Note 3)	\$50 per hour
Kitchen	\$10 per hour	\$20 per hour
Sanctuary (Capacity 350)	\$35 per hour	\$75 per hour
After Hour / Event Support (Note 4)	\$10 / \$10 per hour	\$20 / \$20 per hour

Notes

1. FAITH LUTHERAN CHURCH sponsored events and events sponsored by schools in association with FAITH LUTHERAN CHURCH include no rental fees or security deposit. Likewise private family events associated with baptisms, confirmations, weddings, and funerals of members of FAITH LUTHERAN CHURCH include no rental fees or security deposit when not more than two (2) hours in duration. When these event types are greater than two (2) hours in duration a \$100 security deposit is required.
2. Non-Profit organizations whose religious mission and purpose closely align with the Christian faith of FAITH LUTHERAN CHURCH may request up to a 50% reduction in rental fee.
3. Set-up and clean-up time may be excluded in determining the rental fee for member events.
4. Normal business hours are Monday - Thursday, 8:00 am to 4:00 pm, and the period from one (1) hour prior to and one (1) hour following any scheduled worship service. The schedule reflects a one-time fee for after hours opening or closing the facility for the event and a per hour fee for requested assistance from a Trustees authorized congregational member during the event.
5. A security deposit equaling 50% of the total rental fee, or a minimum of \$100 is required, excluding member private family events meeting the two (2) hour duration limitation described in Note 1.

Rental Cost and Security Deposit Determination

Fellowship Hall: \$ _____ (per hour) x _____ (hours) = \$ _____

Kitchen: \$ _____ (per hour) x _____ (hours) = \$ _____

Sanctuary: \$ _____ (per hour) x _____ (hours) = \$ _____

After Hour Support to Open and/or Close facility: (one-time fee) = \$ _____

Event Support: \$ _____ (per hour) x _____ (hours) = \$ _____

Rental Fee: \$ _____

Security Deposit: \$ _____ (Rental Fee) / 2 (or \$100 min. per Note 5) \$ _____

Total: \$ _____

*Payments may be made by cash, check or online. Please make checks payable to **Faith Lutheran Church** with "Rental" in the memo line. To pay online, please [click here](#) or scan the QR code and specify "Facility Use Rental."*



FACILITY USE REQUEST
Facility Use Policy Version 2025-05-13

Event Name: _____ Date: _____

Office Use Only:

Date Agreement Received: _____ Trustee Assigned: _____

Date Rental Approved: _____ Approved by: _____

Prior Event Day Set-up Date: _____ Approved by: _____

Wavier(s) Approved: _____

_____ Approved by: _____

Security Deposit Fee: ☐ N/A ☐ Amount: \$ _____ Date Received: _____

Certificate of Liability: ☐ N/A ☐ Required Date Received: _____

Alcohol Use Approved: ☐ N/A ☐ Yes ☐ No Council Approval Date: _____

Class B Beer License: ☐ N/A ☐ Required Date Received: _____

Class B Wine License: ☐ N/A ☐ Required Date Received: _____

Rental Fee: ☐ N/A ☐ Amount: \$ _____ Date Received: _____

Event Attendant: ☐ N/A ☐ Name: _____

Condition of the properties and facilities after use: ☐ Acceptable ☐ Not Acceptable

The condition of the properties and facilities at Faith Lutheran Church have been found to be in the condition that they were prior to the event described above with the exception of any comments noted.

Comments: _____

Security Deposit Refund: \$ _____ Additional Fee Accessed: \$ _____

Trustee: _____ Date: _____

Deposit Returned: ☐ N/A ☐ Amount: \$ _____ Check #: _____

Add. Fee Received: ☐ N/A ☐ Amount: \$ _____ Check #: _____

Attendant Paid: ☐ N/A ☐ Amount: \$ _____ Check #: _____