

[1] Facilities Use – Application Form

The Lutheran Church of the Resurrection

3115 North Victoria Street
Roseville, Minnesota 55113
651-484-1292, office@lcrelca.org

- To request use of the Lutheran Church of the Resurrection (LCR) facilities, please fill out this application form and return it to the church office.
- Please note that other forms may be required, so confirm that with the office staff.
- The application is complete when all information and forms have been provided, and the deposit (when required) has been paid.
- Total payments due no later than one week before the event.

CONTACT INFORMATION

Organization Name: _____ Non-Profit: YES NO
First Name: _____ Last Name: _____ LCR Member: YES NO*
Phone: _____ Email: _____
Address: _____

**Deposits required in order to schedule room. Cancellations made less than 7 days before the event will result in a forfeit of the deposit. See schedule next page.*

EVENT INFORMATION

Event Type: _____ Event Date: _____ Estimated Attendance: _____

Description: _____

Arrive After: _____ am/pm (Include set up/take down) **Depart By:** _____ am/pm

On-site Contact Person (if not person listed above):

Phone: _____ Email: _____

Application is continued on the next page

_____ Below: Office Use Only _____

Date Received: _____ Date Approved: _____ Calendar Entry: (Hold) (Confirmed) ID Confirmation: _____

Total Due: _____ Deposit Received & Date: _____ Total Payment Received & Date: _____

Room Information – Standard Configuration (Equipment on Separate Form)

Location	LCR Event, Member	Religious, Education, Non-profit	Other Community, Non-Member
Classroom (each)	<input type="checkbox"/> NC	<input type="checkbox"/> \$ 10	<input type="checkbox"/> \$ 20
Library	<input type="checkbox"/> NC	<input type="checkbox"/> \$ 10	<input type="checkbox"/> \$ 20
Fireside Lounge	<input type="checkbox"/> NC	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 100
Nursery	<input type="checkbox"/> NC	<input type="checkbox"/> \$ 10	<input type="checkbox"/> \$ 20
Choir Room	<input type="checkbox"/> NC	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 50
Fellowship Hall*	<input type="checkbox"/> NC	<input type="checkbox"/> \$100	<input type="checkbox"/> \$ 200
Kitchen*	<input type="checkbox"/> NC	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 100
Sanctuary*	<input type="checkbox"/> NC	<input type="checkbox"/> \$150	<input type="checkbox"/> \$ 300

On-site Supervision

On-site support/ Nursery*	Check with Office	<input type="checkbox"/> \$25/hour/each	<input type="checkbox"/> \$25/hour/each
Tech., A/V support*	Check with Office	<input type="checkbox"/> \$25/hour (2 hr. min)	<input type="checkbox"/> \$25/hour (2 hr. min)

For all supervision needs: Personnel MUST be identified before approving event.

*Deposit required, \$50/each. These deposits are separate from Total Payment and will be refunded within one week after the event, provided that the facilities do not need extra cleaning and no damage was done. Room deposits and deposits for personnel are forfeited if canceled less than 7 days before event.

Groups and their members agree to assert no claims against the Lutheran Church of the Resurrection (LCR), its trustees, officers, and/or members as a result of damages sustained to the person and/or property of groups and their members while on LCR property. Use of LCR property, facilities and/or equipment is at the entire and sole risk of groups and their members, and groups and their members agree to bear the entire risk of loss and/or injury to their property and/or persons(s) resulting directly or indirectly from the use of LCR property, facilities and equipment. \$1 million insurance binder is required for any outside events scheduled. This liability insurance binder must name The Lutheran Church of the Resurrection as an additional insured. A copy of the binder is to be emailed, mailed, or faxed to LCR as soon as arrangements can be made and must be received by LCR at least seven (7) days prior to the event.

Performance of this agreement is contingent upon the ability of the Lutheran Church of the Resurrection (LCR) to complete this agreement, and excludes LCR from liability for occurrences which are beyond the control of LCR. LCR has the exclusive right to cancel or change this agreement due to funerals, membership needs, pastoral needs, emergency maintenance requirements, or acts of God.

As the individual responsible for this group and event, I acknowledge I have read and I am aware of the requirements for use of the facilities of The Lutheran Church of the Resurrection and accept responsibility for our group's actions. I have read and agree with the Facility Usage Guidelines and the above statement of liability. I understand that this agreement is for only use of the identified facilities and other facilities will need an additional agreement.

Signature _____

Name (Please Print): _____ Date: _____

_____ For Office Use Only _____ Insurance Binder Received on (Date): _____