GRACE EVANGELICAL LUTHERAN CHURCH

40 N. Main Street, Hatfield, PA 19440-2905
Telephone: 215-855-4676 Email: graceassistant40@gmail.com
Website: https://gracelutheranhatfield.org

Our Mission: To Glorify God, To Grow in Faith, To Give in Service, Together in Christ

All events must reflect in some way the mission of Grace Evangelical Lutheran Church.
The Congregation's programming has priority over all other functions or events.
There will be no events on Sundays, and all events must conclude by 10:00 PM
All efforts will be made to accommodate reservations, but with an unscheduled need (funeral, urgent ministry, etc.), alternative arrangements may be necessary.

Please complete the following application requesting the use of these facilities.
FEES: usage $100 per hour or part thereof AND $300 security deposit (returnable)

ORGANIZATION INFORMATION

Requesting Organization / Person: _____
Contact Person: _____
Phone Number: _____ Email: _____
Affiliated with Grace? YES, in what way _____
NO ___ certificate of insurance required AND hold harmless form
Purpose for Usage:

Frequency

- One Time, date requested: _____ Times: _____ until _____
- Recurring: monthly / weekly – Day _____ Times: _____ until _____

Remember to allow time for set-up and clean-up.

FACILITY USAGE NEEDS

Area(s) Requested

- Atrium
- Sanctuary & Narthex
- Fellowship Hall / Y or N Kitchen / Y or N Tables & Chairs: # _____
- Meeting Room
- Patio
- Parking Lot
- Wagner House
- Grounds: specify _____
- Other: _____

CUSTODIAL UNDERSTANDING

____ Custodial and Janitorial services are NOT included, therefore, the User Group is expected to leave the facility in the same or better condition than it was found.

OFFICE USE ONLY

DETERMINATION

Following action by Office Administrator on Date: _____

Usage Request: Approved Not Approved

Use of Alcohol: Approved Not Approved Not Requested

Entered on Church Calendar: Yes or No

Comments:

Following sent to Contact Person, mark when received by Office Administrator

- Usage Agreement
- Release and Indemnity Form
- Security Deposit

SECURITY DEPOSIT

Date Received: _____ Amount: $_____ Cash or Check #: _____

Date Returned: _____ Amount: $_____ Cash or Check #: _____