

Trinity Lutheran Church
Request to Use Facilities
515-295-3518

The Trinity Life Center should be returned to the condition it was prior to your event. Your deposit will be used if any janitorial services are required. You will be billed for any damage to the property. A clean-up checklist is posted in the kitchen.

_____ Initials

Contact Person: _____
Address: _____
City, State & Zip: _____
Home Phone: _____
Cell Phone: _____
Email address: _____

Person responsible for clean-up and dishes (if other than contact person) _____ **Phone #** _____

Request Received Date	Event Date	Time Start	Time End
		am/pm	am/pm
One time use – Yes _____ No _____ Recurrence Period:			
Purpose of Event:			
Special Arrangements Needed:			
Estimated Attendance: Adults _____ Youth/Children under 18 _____			
Facility/Space Requested – Mark all which will be used			
Trinity Life Center		Courtyard	Meeting room
Kitchen – light		Kitchen-heavy	Dance Floor \$100.00
Additional items available – See fee schedule			
Alcohol being served	Y or N		

***Deposit is due at time of reservation, and will be returned after the event when the Life Center has been checked. Rental fee is due 10 days prior to event. Both checks will be cashed.**

Signature _____ **Date** _____

* By signing this request you are indicating you have read and agree to abide by the Facilities Policies and Guidelines. You are also agreeing to be the Contact Person for this event as outlined in Section 5.0 of the Facilities Policy and Guidelines

NOTE: All building use requests should be submitted at least one month prior to facility use.

OFFICE USE: - Date Received _____	Deposit Received \$ _____
Approval Date _____	Fee Collected \$ _____
Person opening/closing _____	Member Non-member
Custodial Notified _____	Non-profit
Fees: Rent \$ _____	Deposit Returned \$ _____
Kitchen \$ _____	
Other \$ _____	