Reserving Church Property

Name of Primary Contact: ____________________________ Member: Y or N

Person reserving the church property must be at least 25 years old.

Date of Function: ___________ Start Time: ___________ End Time: ___________ Arrival Time: ___________ Exit Time: ___________

Intended Purpose: ____________________________

Primary Contact Email: ____________________________ Phone: ____________________________

FEES

<table>
<thead>
<tr>
<th>Category</th>
<th>Deposit ($)</th>
<th>Due</th>
<th>Non-refundable Deposit ($)</th>
<th>Payment received</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 – 150 people</td>
<td></td>
<td>$300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 – 99 people</td>
<td></td>
<td>$250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-49 people</td>
<td></td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total to Saint John’s Lutheran Church</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
<td></td>
</tr>
</tbody>
</table>

Custodian Fee for 5 hours or less $150
More than 5 hours will add $15/hour

Total to custodian: ___________ ___________ ___________

Total: ___________ ___________ ___________

NOTES

1. A custodian or responsible person of St. John’s must be present at all times for security purposes.
2. If the kitchen will be used for cooking/preparing food an additional fee of $50 will apply.
3. Only table decorations are permitted. No tacking or taping to walls, windows or ceilings.
4. Renter is responsible for removing decorations, table covers, dishes and any food.
5. Alcohol is not permitted on the church property.
6. The church reserves the right to cancel or end the event if guests or members of the party arrive inebriated or behave in any way that jeopardizes the dignity or integrity of Saint John’s Church.
7. Payment for any damages to the church property caused by members at this function will be the sole responsibility of the person entering into this agreement.

Church Official: ____________________________ Date: ____________________________

Primary Contact: ____________________________ Date: ____________________________

Revised: 1/10/2018