

Space Request / Facilities Use Agreement

Trinity Lutheran Church
Busyville, IA

Date Information

Event Date(s) _____

Start Time: _____ End Time: _____

Space Requested: _____

Gloria Dei equipment being used: _____

Approved by: _____

Contact Information

Name of Event or Group: _____

Contact Person's Name: _____

Contact Person's Phone Number(s): _____

Number of people expected: _____

Agreement

I agree to all conditions set forth in the Facilities Use Policy by Trinity Lutheran Church, Busyville, Iowa. I agree to care for the facility as if it were my own and to always treat it as God's house.

Signature: _____ Date: _____

Room	Fee	Deposit (refundable)

Deposit Check # _____ Amount received _____

Fee Check# _____ Amount received _____

Received by: _____ Date: _____

Deposit check returned by: _____ Date: _____