

Facility and Equipment Reservation

Today's Date _____

Event Name _____

Date of Event _____ Start Time: _____ End Time: _____ # Of Guests _____

General Description _____

Building: _____ Church _____ Fellowship Hall _____ Kitchen Facilities

Name of Florist for Wedding _____ Phone # _____

Name of Organist _____ Phone # _____

Name of Photographer _____ Phone # _____

Name (or Organization) _____

Contact Person _____

Address _____

Home Phone _____

Work or Cell Phone _____

E-mail Address _____

I understand that I am responsible for any key(s) issued to me. I further understand that I may not loan said key(s) to another person, nor will I attempt to duplicate any key(s). I agree to use these keys to access the facilities at St. John's Lutheran Church only during the dates and times outlined above. I further agree to return all keys issued to me at the conclusion of this event or within the next business day if event is held on a weekend.

I agree to maintain the equipment and facilities, and return furniture, etc. to their proper places. Further, if children are present, I agree to be responsible for the actions of said children.

I understand that St. John's Lutheran Church will not be held liable for any accidents that may occur during this function.

I have read and received a copy of the church Facilities Use Policy.

Signature of responsible party _____

(Print name)

OFFICE USE ONLY

Approved by Pastor _____ Date _____

Approved by Council _____ Date _____

Denied _____ Date _____

Reason _____

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9/26/07