

Salem Evangelical Lutheran Church

“Come Receive Grace, Go Share Faith”

417 Salem Church Road, Mount Sidney, VA 24467

540-234-8161 ~ Office@SalemLutheranVA.org ~ www.SalemLutheranVA.org

REQUEST FOR FACILITIES USE

(Sections with black text must be completed by all applicants; sections in **GREEN** are for non-member groups only)

1. Name of Group/Event: _____

Primary Contact: _____ Phone: _____

Alt. Phone: _____ Email Address: _____

Secondary Contact: _____ Phone: _____

Alt. Phone: _____ Email Address: _____

2. Request use of (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Sanctuary (max. capacity 325) | <input type="checkbox"/> Imagine Center Hall (max. capacity 200 at table) |
| <input type="checkbox"/> Church Kitchen* (basement, max. 100) | <input type="checkbox"/> Imagine Center Kitchen* |
| <input type="checkbox"/> Picnic Shelter-Gazebo | <input type="checkbox"/> Classroom/ Other _____ |

*** For kitchen facilities, attach a signed copy of “Kitchen Guidelines” form**

3. Facilities are needed for the following:

_____ one-time event: _____ repeating event (circle: WEEKLY, MONTHLY)

Date(s) Needed: from _____ to _____

Time Needed (including set-up and clean-up): from _____ to _____

Actual time of function: _____ Expected # of Attendees: _____

4. By signing below, I/we make the above request with the following understandings:

- I/We agree that alcoholic beverages will only be used in accordance with the Building Use Policy & Guidelines, and NO SMOKING will be allowed. All facilities are to remain TOBACCO, FIREARMS, and FIREWORKS free environments.**
- I/We have read the POLICY AND GUIDELINES FOR BUILDING USE and agree to be responsible for the reasonable care and use of facilities as outlined therein. This includes my/our attendance at the event from the opening of the facility for the event to the completion of the event. (FACILITIES ARE TO BE LEFT BETTER THAN THEY WERE FOUND).**
- I/We agree to pay the fees per the fee schedule (see reverse side), including any refundable deposits required for damage to property.**
- I/We understand that for all outside group events, a liaison will be assigned by Salem Church to assist with and monitor the event. The charge for this service will be taken from the user fee.**
- I/We agree that unless I/we specifically request a change, all facilities will be vacated by 11 PM. This includes making sure that lights are turned off, windows are closed, and doors are locked.**
- I/We agree to pay the non-refundable reservation fee once this request is approved. The event is not scheduled until the fee is paid.**

~over~

FEE SCHEDULE

ROOM or AREAS REQUESTED	NON-REFUNDABLE RESERVATION FEE*	USAGE FEE (includes the Non-refundable Reservation Fee)	REFUNDABLE SECURITY DEPOSIT**	TOTAL (due 1 week before event)
Sanctuary	\$150	\$400	\$400	\$800
Social Hall & Kitchen(basement)	\$50	\$175	\$100	\$275
Picnic Shelter-Gazebo	No Additional Fee	\$50	\$25	\$75
Imagine Center				
Main hall & kitchen	\$150	\$400	\$400	\$800

* To be paid before event can be firmly booked. The remainder of the user fee and damage deposit is to be paid no less than one week prior to the event.

** May be refunded in full or in part if the used room/area has been left in good order (tidy and immediately usable) and if no custodial services are required.

HOLD-HARMLESS AGREEMENT

I/We _____ agree to protect, indemnify, save and keep harmless, Salem Evangelical Lutheran Church, Mount Sidney, Virginia, and the Evangelical Lutheran Church in America, Virginia Synod against and from any and all loss, cost, damage or expense, arising out of or from any accident or other occurrence on or about said premises, causing injury to any person or property whomsoever and whatsoever and will protect, indemnify and save and keep harmless the abovementioned parties from any and all claims, costs or expense arising out of any failure of the users in any respect to comply with and perform all the requirements and provisions agreed to at the premises of Salem Evangelical Lutheran Church.

Signed: _____ Date: _____

Title: _____

For Office Use Only

PERMISSION TO USE FACILITIES:

On behalf of Salem Lutheran Church: _____ Date: _____

Date of Event: _____

Building Use Coordinator: _____

TOTAL DUE: _____

Non-Refundable Deposit Due: \$ _____ Date Paid: _____

Balance Due (one week prior to event): \$ _____ Date Paid: _____

Amount of Security Deposit Returned: \$ _____ Date Paid: _____

Other Fees to be Distributed: _____