

Facility Request Form - Personal Use

(i.e.—showers, birthday parties, open houses, etc.)

This form is necessary to reserve rooms at the church for personal use. Please complete this form and submit it to **Janet Johnson (jjohnson@lifepointindy.com)** in the church office. **Personal events cannot be approved more than 6 weeks in advance of the event.**

EVENT INFO

Event Date(s): _____

Day of the Week: (Circle one) Sun Mon Tue Wed Thu Fri Sat Start Time: _____ End Time: _____

Name of Event: _____

Time you will arrive to set up: _____ Projected Number of Attendees: _____

Contact: _____ Phone: _____

Email address: _____

Specific Room(s)/Area Requested:

First Choice: _____ Second Choice: _____

Furniture Needs: (i.e. tables, chairs, what quantity)

(Please note that we do not permit the use of church tablecloths for personal events.)

Audio/Visual Needs: (i.e. microphone, TV/DVD player, projector, etc.)

PERSONAL USE FEES

There is a **\$75 usage fee to cover utilities** for all personal events held at the church. **Fees must be paid before the event can be confirmed on the calendar.**

SETUP & TEAR-DOWN POLICY for Personal Events

*All setup and tear-down, as well as opening and closing for the event, will be the responsibility of the event requestor. The event requestor will meet with a member of the church custodial staff **prior to** the event to receive instructions for setup/cleanup and closing procedures.*

Names and phone numbers of those responsible for setting up and tearing down:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please be aware that all those using the church for personal events are expected to return the facility back to a ***Sunday-ready*** condition. For example, all floors must be swept/vacuumed and mopped as needed. All trash must be taken out. Bathrooms must be checked for flushed toilets, counters wiped down, and any messes taken care of. Doors must be locked and lights turned off. You will be given a check list at the time of your walk through with a custodial staff member. Failure to properly clean the facility, or the use of unauthorized rooms, will result in a loss of your deposit.

For office use only: Received ___/___/___

___ Approved ___ Denied / Requestor notified _____ Put on ACS calendar _____

___ Paid: Usage Fee Check # _____ Deposit Check # _____