

Hainesville Lutheran Church
 3944 County Road "M" P.O. Box 259
 Sturgeon Bay, WI 54235
 920 - 743 - 9806

FACILITIES USE AGREEMENT

Name of Person/Organization (User) _____

Contact Party (s) _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ E-Mail _____

Type of Event _____

Date(s) Requested _____ Time Requested Begin _____ End _____

Number of people who will be here: (approximate) _____

Facilities Requested for use : _____ Sanctuary (seats 150 max) _____ Social Hall (seats 125 max)
 _____ Kitchen _____ Meeting Room (seats 25 max)

Will you need services of: _____ Pastor; _____ Organist; _____ Caterer

This person will be your designated CONTACT for Hainesville Lutheran Church

_____ Phone _____ E-Mail _____

FEES FOR NON-MEMBER USE (to be checked as appropriate by representative of HVLC)

_____ Use of Sanctuary	\$ 400	Fees for Pastor and / or Organist shall be arranged with and paid directly to those persons.
_____ Use of Social Hall	\$ 200	
_____ Use of Kitchen	\$ 100	Church Representative Fee is required and shall be paid directly to that person who will be present during your event.
_____ Use of Meeting Room	\$ 50	
_____ Church Representative	\$ 50 1 st 4 hrs. then \$10 @	Custodial Fee may be avoided if facility is left in "as it was" condition.
_____ Custodial Fee	\$ 50	
_____ Security Deposit	\$ 100 (refundable)	

A minimum deposit of \$100 plus the \$100 security deposit (\$200 total) is required with this signed agreement to reserve the date and time requested. Deposits are fully refundable if notification of cancellation occurs at least 15 days prior to scheduled event. Only the Security deposit will be refunded if notification is less than the 15 days. Remainder of fees are due on the date of event.

I/We, the undersigned, agree to indemnify, defend and hold harmless Hainesville Lutheran Church, its agents, employees, and members, from and against all costs, damages, claims, liabilities, and expenses (including attorney's fees) to the person(s) or personal property of ourselves, our guests, ministers, florists, photographers, musicians, and any and all other persons entering upon the church property for the purpose of our event, occasioned by or resulting in any way our use of the church facilities.

This completed form and the required deposits shall be returned to the Designated Contact at the PO Box address. (above)
 If this event is a wedding, please also complete and return the attached Wedding Information Form.

Responsible Party (1) Signature _____ Date: _____
 Responsible party (2) Signature _____ Date: _____

Approval of this agreement is granted on behalf on Hainesville Lutheran Church

 Pastor President or Vice - President Admin. Assistant Date