

PROPERTY USE AGREEMENT and RELEASE FORM
Holy Cross Lutheran Church

Name of Group/Individual: _____

Responsible Person: _____

Address: _____

Contact Person's Name: _____ Day Phone: _____

Fax: _____ Email: _____ Cell Phone: _____

Organization's Purpose: _____

Date(s) Requested: _____ Start Time: _____ End Time: _____

Frequency: ___ One Time Only, ___ Weekly, ___ Monthly, ___ Other _____

Which day of the week:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

General Information

Describe IN DETAIL the type of event you will be bringing to our facility.

Will tickets be sold or admission charged for your event? If yes, what will be the ticket prices or the admission fee?

Yes _____, Price _____

No _____

If yes, how will the net proceeds of this event be used?

Type of Group (circle one):

Non-profit

For Profit

Nonprofit Tax ID Number (if applicable): _____

Rooms Requested (capacity):

___ Sanctuary (300)

___ Kitchen

___ Fellowship Hall (170)

___ Back Fellowship Hall (30)

___ Cross Center (25)

___ Narthex (70)

___ Sunday School Rooms (12/room)

of rooms _____

___ Nursery

___ Other (list: _____)

Equipment Needs:

___ TV/DVD/VCR

___ Overhead Projector

___ Piano

___ Organ

___ Sanctuary Sound System

___ Kitchen Appliances