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# St. Paul's Evangelical Lutheran Church

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837 Charles Street • Torrington, Connecticut 06790 • Telephone (860) 482-3555  
The Reverend Dr. G. Scott Cady, Pastor

## Use of Facilities Application

### Fees: General Public (one time use) \*

Area of Rental	Fee Due 1 week prior to event	Deposit- due with application
Fellowship Hall	\$300	\$150
Hall w/Kitchen	\$550	\$275
Kitchen	\$350	\$175
Classroom	\$50	\$25
Parlor	\$100	\$50

*\*In the case of Not for profit organizations or weekly/monthly meetings, the fee will be set by the Church Council on a case-by-case basis.*

### Fees: St. Paul's Members

Area of Rental	Fee Due 1 week prior to event	Deposit- due with application
Fellowship Hall	\$100	\$150
Hall w/Kitchen	\$125	\$275
Kitchen	\$50	\$175
Classroom	\$25	\$30
Parlor	\$50	\$50

We expect the church facility to be left in the same condition as before being use.  
Tables shall be wiped down, floors swept, and trash emptied to the dumpster.  
Cleaning supplies and trash bags are in the custodial closet between the restrooms.  
Thank you!



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## **GENERAL INFO:**

**St. Paul's Lutheran Church has video security cameras in use through out the facility. Audio is not recorded. Do not discount the power or block the view of any camera.**

- Church Functions take priority over any scheduled event and your event is subject to cancellation if church use is needed (i.e. a funeral)
- The Church Council has the right to deny use of facilities at their discretion
- Set up is limited to the day of the event
- A Facility Coordinator will conduct a walk through before and after the event. If needed, the coordinator will contact the individual for any further clean up needed prior to the deposit being returned. Once the coordinator accepts the condition of the area rented, the deposit will be released. The deposit will be picked up the following business week by the renter.

## **DON'T:**

- Use Alcohol and drugs
- Damage the church property
- Sell any items for profit
- Tape, pins, command hooks or any other method of attaching items to the walls or ceiling
- Use glitter or confetti
- Use the playscape and equipment associated with Hilltop Christian Early Learning Center
- Move furniture or equipment from other areas of the church
- Use Styrofoam

## **DO:**

- Use only area of the church reserved
- Supervise children
- Maintain control of the activity
- Remove any items brought into the facility
- Set rooms back up the way you first found them
- Remove all trash to the outside dumpster
- Clean up any spills
- Sweep floors
- Check bathrooms, tidy as needed
- Make sure the windows are closed
- Turn off all the lights when leaving
- Close all internal and external doors



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## **RETURN THIS FORM TO THE CHURCH OFFICE SECRETARY**

### **To be completed by the applicant**

Date Request was Made: \_\_\_\_\_ Event Type: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Name of the Individual \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Date(s) of use : \_\_\_\_\_ Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Setup time/breakdown time, if applicable (on day of the event only): \_\_\_\_\_

Area of Church to be Used: Fellowship Hall \_\_\_\_\_ Kitchen \_\_\_\_\_ Classroom \_\_\_\_\_ Parlor \_\_\_\_\_

Other

(explain) \_\_\_\_\_

*(Please review Rules, Regulations and Guidelines carefully about use of rooms) \*See Attached*

If this is for weekly/monthly meetings, select a type:

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

Signature of Renter: \_\_\_\_\_ Date: \_\_\_\_\_



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By signing this form, the group/individual agrees to **HOLD HARMLESS** St. Paul's, it's church officers and members for any/all injury claims resulting from the use of this facility.

**To be completed by the secretary/ facility coordinator**

**Area of Rental** \_\_\_\_\_

**Deposit** \_\_\_\_\_ (cash only, attach receipt)

**Donation Amount** \_\_\_\_\_

**Cash** \_\_\_\_\_ **Check** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Money Order** \_\_\_\_\_

**Approved by Facility Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

Did any problems arise during the activity: \_\_\_\_\_

Result of your "Walk-Through" Inspection at the close of the Event - Comments/Suggestions

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Recommendation for Cash Retainer:    Return: \_\_\_\_\_    Withhold: \_\_\_\_\_    Deposit: \_\_\_\_\_

Is there a likelihood of granting future request for this use?

Favorable: \_\_\_\_\_                      Unfavorable: \_\_\_\_\_

Facility Coordinator signature: \_\_\_\_\_



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