

St. Paul's Evangelical Lutheran Church

837 Charles Street • Torrington, Connecticut 06790 • Telephone (860) 482-3555 • secretary@stpaulstorrington.com

REQUEST FORM FOR USE OF THE FACILITY

Church functions will always take priority over any scheduled events. This form, when approved, will authorize the "use of the facility" for ONE OCCASION ONLY of any ongoing events or programs unless the group is exempted from this policy by Congregation Council. In addition, a request for use of the facility greater than ninety (90) days in advance will not be approved *unless the group is* exempted. Church groups will be given priority status in scheduling. The Council reserves the right to make exception to this ruling based on a review of the particular event.

A fifty dollar (\$50.00) cash retainer will be required when submitting the request form. The purpose of this retainer is to insure that the general condition of the facility, after the event, remains as it was prior to its use. A copy of the general guidelines is attached for your convenience. Classroom numbers and room layouts are also included in the guidelines. Please note Fellowship Hall is generally reserved for larger groups/events. Council representative will contact the person making the request with the decision unless otherwise noted. Once approval is given, the requesting group must provide a Certificate of Insurance upon receipt of approval unless a current Certificate of Insurance one is on file at the church office.

The Facility Coordinator is responsible for conducting a "walk-through" inspection after the event to verify the condition of the facility. If a discrepancy is noted, the coordinator will notify the responsible individual of the need for corrective action. Failure to correct the condition will result in a forfeit of the retainer. If considered acceptable, the retainer may be returned unless the group would like to donate it.

Suggested Donation: To offset heating, cooling, electricity and other cost factors of using the church, please consider making one of the following donations:

Fellowship Hall	\$100.00	Classroom	\$25.00
Kitchen	\$50.00	Church Parlor	\$50.00

RETURN THIS FORM TO THE CHURCH OFFICE SECRETARY

Section 1: To be completed by the applicant Date Request was Made: _____

Name of the Individual / Organization: _____

Person Making Request: _____

Address: _____

City, State Zip: _____

Individual Responsible for the Overall Activity during the Event

Name: _____

Phone: (Home) _____ (Work) _____ (E-mail) _____

Date(s) and Time(s) Requested: _____

Alternate and /or Rain/Snow: _____

Area of Church to be Used: Fellowship Hall_____, Classroom_____ (specify Rm #),
Kitchen____, Parlor____, Grounds____, Sanctuary____ Other_____
(Please review Rules, Regulations and Guidelines carefully about use of rooms)

Nature of Activity: _____

Anticipated Attendance: _____ Would you like to donate your deposit after event? Y N

Special Needs or Requests: _____

Signature of Requesting Person: _____ Date: _____

(Over Please)



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Section II: To be completed by Church Office & returned to Council for Approval

Is the Requested Time Available? _____

Are there any Potential Scheduling conflicts? _____

Facility Coordinator/Church Member Responsible for Providing Access and Closing Building

Name: _____ Phone: _____

Section III: To be completed by Church Council and Notification

Request Granted: _____, Request Denied: _____, Date of Meeting: _____

Signed: _____ Title: _____

Are there any Foreseeable Obstacles of Concerns? _____

Special Instructions to be Communicated: _____

Date and Time of Notification by Church Office: _____

Person Contacted: _____

Section IV: To be completed by the Facility Coordinator

Did any Problems arise during the activity: _____

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

Recommendation for Cash Retainer: Return: _____ Withhold: _____ Deposit: _____

Is there a Likelihood of granting Future Request for this use?

Favorable: _____

Unfavorable: _____

