

COASTSIDE LUTHERAN CHURCH  
FACILITY USE AGREEMENT

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Date of request: \_\_\_\_\_

Applicant/Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Room(s) Desired: \_\_\_\_\_

Date(s) Desired: \_\_\_\_\_

Time (include set up and clean up time): \_\_\_\_\_

Purpose of use: \_\_\_\_\_

Suggested Donation (see page 2): \_\_\_\_\_

Cleaning Deposit (see page 2): \_\_\_\_\_

Key Requested (Yes or No): \_\_\_\_\_ Key Deposit: \_\_\_\_\_

If key is lost, applicant agrees that they will be charged for changing church locks.

If one time event, TOTAL AMOUNTS DUE BEFORE THE DATE OF EVENT: \_\_\_\_\_

By signing this agreement, applicant acknowledges they have read and will abide by the Coastsides Lutheran Church Facilities Use Policy and all the rules and guidelines contained therein.

Date of Agreement \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant or authorized representative Title/official capacity

\_\_\_\_\_  
Printed name of representative Phone number

\_\_\_\_\_  
Address City Zip

**Suggested Donation for Event**

<u>Description</u>	<u>Amount</u>	<u>Date rcv'd</u>	<u>Date refunded</u>
Cleaning deposit	\$300		
Key deposit	\$100		
Sanctuary Use	\$100/hr		
West Wing	\$20/hr		
Kitchen Use	\$75/hr		
Total for Event			
Initial Deposit (half total)			
Remaining amount due by last business day prior to the event.			

Key Number	
Date Key Rcv'd	
Date Key Returned	

	Required	Date Received
Cert of Insurance		

Approved: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Coastside Lutheran Church authorized agent