



OFFICE USE ONLY
On Calendar Approval Yes No
Called In Date
Waiting For Approval for Main Calendar
Other Information

PROPERTY USE REQUEST FORM

All request MUST be presented to the Office Secretary for review of the Calendar and availability. Request must be presented with a minimum of 1 WEEK advance notice. For large events 1 Month, depending on the event.

NO PROFIT MAKING EVENTS OR PROMOTIONAL ADVERTISEMENT IS ALLOWED.

Your Name Today's Date

Address

Name of Event

Your phone number during the day Email address

Are you a Member of LWBC? Yes No

Any Unique requests

You must be 21 years of age to request the use of the building unless assisted by an attending adult. The attending adult must complete this form and will be responsible for the proper use and care of the facility. All events are approved by the staff at a general staff meeting.

Date requested for event:

Time of event:

1st Choice Actual time of event

Include the complete time of Set-up and Clean-up time

2nd Choice

RESERVE ROOM(S): with intended usage

Worship Center

Kitchen

Room #

Media Center

Picnic Shed

Other

For Ministries not supported by the church example: Home-school Association, personal parties, showers, weddings, receptions etc.... Supported Ministries include: Christian Sportsman Fellowship, DIVAS, Recovery, CMA, Prison Ministry... ETC.

Area	Member/Non-Member	Required Deposit	Refund
WORSHIP CENTER		\$150.00	
WORSHIP CENTER FOR RECEPTIONS/PARTIES		\$200.00	\$100.00
KITCHEN		\$50.00	
OTHER ROOMS #’S ____ _		\$25.00 each additional room	
MEDIA CENTER		\$25.00	
PICNIC SHED		\$25.00	
TRAILER		\$25.00	
PARKING LOTS		\$100.00	
FULL CAMPUS		\$450.00	\$225.00
OTHER		Cost to be determined	

All audio/visual needs, must have a completed form **for production** filled out and submitted to the music director for approval and costs.

When the event is agreed upon a full deposit must be presented to the main church office secretary then the event will be **ON CALENDAR.**

Upon clean up and approval of the appointed staff member your amount of the deposit will be refunded to you.

If your area is not cleaned up according to specific details outlined, your deposit will be forfeited.

The signer of this form is liable for any damages to the facility or property during the event. The amount charged will be determined by the appropriate staff member or committee.

_____ Signature

_____ Date

DEPOSIT AMOUNT RECEIVED _____ DATE: _____

DEPOSIT AMOUNT RETURNED _____ DATE: _____