

**2014**

Lutheran Church of the Good Shepherd  
1108 24<sup>th</sup> Street W Billings, MT 59102 ♦ 406-656-1080 ♦ lcgsoffice@bresnan.net

**REQUEST FOR USE OF CHURCH FACILITIES**

TODAY'S DATE \_\_\_\_\_

GROUP REQUESTING USE OF FACILITY \_\_\_\_\_

REASON FOR REQUEST USE OF FACILITY \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF REQUESTED USE: \_\_\_\_\_

START TIME (Hour) \_\_\_\_\_ END TIME (Hour) \_\_\_\_\_

USAGE PERIOD: Please check one of the following

Member: _____ Non-Member: _____
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- \_\_\_\_\_ **Year Round** (Specify nights/days of week and time of use)
- \_\_\_\_\_ **Monthly** (Specify Months, days, time of use) If school yr use only, indicate start & end date)
- \_\_\_\_\_ **Bi-Monthly** (Specify Months, days & time of use)
- \_\_\_\_\_ **Weekly** (Specify day & time of use)
- \_\_\_\_\_ **One-time Usage** (Specify Date Time)

ROOM(S) REQUESTED: \_\_\_\_\_

NUMBER OF PARTICIPANTS ATTENDING: \_\_\_\_\_

FACILITY USE:

**\*NOTE: A funeral will take precedence over any group event previously scheduled.  
Depending on the size of your group, an alternative room may be made available.**

\* The church may reduce or waive fees for charitable non-profit and neighborhood activities

***PLEASE TURN OVER & FILL OUT REVERSE SIDE OF FORM . . . .***

**FEES:** A. Half Day (4 hours) \$ 50.00  
B. Full Day (over 4 hours) \$100.00

**SET UP NEEDS:** A. Tables \_\_\_\_\_ # needed. White: Y/N Brown: y/n  
B. Chairs \_\_\_\_\_ # needed.  
C. Other \_\_\_\_\_

**CUSTODIAL SERVICES:** **FEE:** 1 – 50 attendees \$50.00  
50 attendees & over \$75.00

**EQUIPMENT USE:**

- A. Church functions will have priority in the use of church equipment.
- B. Any equipment use will need to be pre-approved. Persons using church equipment will be responsible for repair or replacement in case of damage.
- C. As dictated by the Good Shepherd Women (GSW) Board action, equipment belonging to the Good Shepherd Women is not allowed to leave the church campus.

**FEES:** A. Coffee pots only (must supply own coffee, cups, etc. or a Full Kitchen fee will be charged)  
B. Full kitchen \$50.00 paid to Good Shepherd Women  
C. Linens \$25.00 paid to Good Shepherd Women

**FURTHER POLICIES:**

- A. Please note that any group using the elevator will need to appoint a representative to assist any member of their group using the elevator. A church staff member will provide brief instruction about the elevator to the group representative.
- B. No group outside the church will be allowed to store items or containers of any type within the church facility or on church grounds.

**PROPERTY MANAGEMENT** Approve \_\_\_\_\_ Deny \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHURCH COUNCIL** Approve \_\_\_\_\_ Deny \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total amount due** \_\_\_\_\_ **Paid on** \_\_\_\_\_

**Signature of Contact Person**

\_\_\_\_\_ **Date** \_\_\_\_\_