

PROPERTY USE APPLICATION
Our Saviour's Lutheran Church
Williamsburg, Virginia 23188

Date _____

Name(s) of Individual/Organization:

Address: _____

Contact Person's Name: _____ Day Phone: _____

Fax: _____ Email: _____ Cell Phone: _____

Individual/Organization's Purpose: _____

Date(s) Requested: _____ Start Time: _____ End Time: _____

Frequency: ___ One Time Only ___ Weekly ___ Monthly ___ Other

Which day(s) of the week: ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

General Information

Describe *IN DETAIL* the type of event you will be bringing to OSLC, including number of participants.

Will tickets be sold or admission charged for your event? () Yes () No

If yes, what are the admission fees and how will the net proceeds of this event be used?

Is your group a Nonprofit 501(c)(3) organization? () Yes () No

Nonprofit Tax ID Number: _____

Rooms Requested

- Sanctuary
- Narthex
- Library
- Parish Hall
- Kitchen
- Classroom (s)
- Playground
- Other _____

Expected Number of Participants: _____

Will food or drink be consumed? () Yes () No

Will alcohol be consumed? () Yes () No

Special Needs or Requests



Equipment Needs

- Piano
- Organ
- Tables (#)
- Chairs (#)
- Other _____

Fees

Payment by check only (no cash) to: Our Saviour's Lutheran Church

Facilities Usage Fee _____, per Property Usage Fee Schedule

Damage Deposit **\$100 per building** (Refundable – separate check)

Key Deposit _____ (\$20.00 per key, Non-refundable – separate check)

Cleaning Fee _____ (When property use provided at no charge)

AV Assistance Fee _____

Provide Insurance Statement

_____ Request Approved _____ Request Denied

Signature _____ Date _____

Agreement Close-Out Notes

_____ Damage Deposit Refunded [insert to who, how much and date]

_____ Damage Deposit Retained [insert amount and reason]

By signing below I have read and agree to OSLC's Use of Facilities Policy, Property Rules and Regulations, and Child and Youth Abuse Prevention Program Document.

Signature _____ Date _____

Requesting Individual/Organization

OSLC Approval:

Signature _____ Date _____

Church Council President or Designee