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## PERMIT FOR USE OF CHURCH FACILITIES

Name of Organization or Individual \_\_\_\_\_

Date of Event \_\_\_\_\_ Time and duration of event \_\_\_\_\_

Nature of Use (be specific) \_\_\_\_\_

Area of building requested:

Sanctuary \_\_\_\_\_ Fellowship Hall \_\_\_\_\_ Kitchen \_\_\_\_\_ Sunday School Room \_\_\_\_\_

Equipment Needed:

Podium \_\_\_\_\_ Microphone \_\_\_\_\_ TV/DVD \_\_\_\_\_ Other \_\_\_\_\_

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- 1) A donation is recommended to cover the cost of building and custodial expenses.
  - 2) Organizations or groups to whom permission is granted will assume all responsibility for personal accidents or injury to participants as well as any damage to the building.
  - 3) When decorations are used, nothing should be hung from the ceiling, walls or light fixtures.
  - 4) The church facilities shall not be used for personal gain or private enterprise.
  - 5) The following activities are strictly prohibited: smoking, gambling, use of alcoholic beverages.
  - 6) Your event will not be put on the church calendar until the completed form(s) and fees are received in the Church Admin Office and approved by the Church Administrator.

**Continued on reverse side....**

## FEE STRUCTURE

(fees due 1 week prior to event)

<b>Non-Member Fee for Bulding Use</b>		<b>Fee for Use by LEBC Member</b>	<b>Fees Assessed for your event</b>
Deposit: returned if no damage	\$250	Deposit:	None
Sugg.Donation:	\$250	Building Use Fee:	None
			\$ _____
			\$ _____
			\$ _____
			Total

I, the undersigned, hereby acknowledge receipt of the attached rules and regulations and agree I am not to use any other room or equipment other than requested on this form and agree to comply with same. I further assume full responsibility for the activity, including damages and liability for accidents to participants and hereby release the Logan Elm Baptist Church personnel from any and all liability arising out of or relating to the use of church facilities. If warranted, Logan Elm Baptist Church may require proof of liability insurance to cover my event and organization.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**Please forward completed form to Mike Thompson, Church Administrator.**

Date Approved _____	Signature of Approval _____
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