Date	of /	٩рр	lication:	
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APPLICATION FOR USE OF CHURCH FACILITIES



Name of Group:	Date for Event:						
	Su*	Μ	Т	W			Sa**
Person in Charge:							
Address:		Phone:					
E-mail:	Cell P	hone: _					
Purpose of Use:	Expe	cted Att	tendand	ce:			
REQUIRED for Non-Church Groups Describe how you							
Access to the Facility for Non-Church-Sponsored Even **Saturday events cannot go past 8 PM.		-					
Hours of Event: From to	Hour	s Reserv	ved: Fr	om		to	
Automated Doors Open Close							
Non-church sponsored events will not be schedule	d have	ond 12 r	nonths	in adva	nce		
Recurring Event Start Date	-						
Date Pattern:							
FA	CILITY	FFFS					
St. Paul Lutheran Church does no			ivate u	se for N	lon-Me	mbers.	
Fees:		Members Organizations				<u>ns</u>	
 Sanctuary* (max capacity – 500) 	□\$5	500		□ \$ 750			
2. Fellowship Hall (max capacity – 300 w/o tables)	□\$1	150			□\$	250	
3. Multi-purpose Chapel (max capacity – 90)	□\$1	100			□\$	150	
4. Classroom	□\$2	25		□ \$ 50			
5. Kitchen	□ \$2	25			□ \$	25	
6. St. Martin Church (max capacity - 80)	□\$2				□\$		
7. Wedding/Funeral/Memorial Services		□ Contact SPLC Church office 830-625-9191					
8. Weekly Support/Community Groups	Contact SPLC Church office 830-625-9191						
*for other than weddings	_ ••						
	QUIPN	1ENT					
TV/DVD/VCR (how many)	Portable Screen						
Tables – Round (how many)	🗆 Podium						
Tables – Rectangular (how many)	🗆 Ch	airs (ho	w man	y)			

Diagram of room setup is to be given to SPLC at least seven days prior to the event. The fees must be paid upon approval of this application. Non-payment will result in cancellation of event.

CHURCH FACILITY USAGE AND HOLD HARMLESS AGREEMENT

I/We the undersigned authorized representative(s) of		(hereafter the
"Organization") of the city of	, state of	_ shall be using the building
and grounds of St. Paul Lutheran Church, New Braunfels, Texas	(hereafter the "Church")	on the date(s) and for the
purpose (hereafter referred to as the "Activity") as stated in the ap	oplication.	

I/We understand and agree that neither the Church, nor its trustees, employees, agents, and/or representatives may be held liable in any way for an occurrence in connection with the Activity which may result in injury, harm, or other damages to the undersigned or members of our organization and guests, invited or not. Rather, I/We agree that our Organization alone shall be responsible for any property damage, personal injury or death that may occur during our use of the premises.

As part of the consideration for being allowed to use your facility, building and grounds as well as all equipment and fixtures in the activity, I/we release the Church, its trustees, employees, agents, or representatives from any claim for damages, injury or death which may occur while participating in the Activity. I/We further agree to save and hold harmless the Church, its trustees, employees, agents, or representatives from any claim arising out of or participation in any form or fashion in the Activity.

I/We represent that our Organization has general liability insurance with coverage limits of _______ in effect as of the date of the Activity. I/We agree to name the Church as an additional insured on our general liability insurance policy and shall provide proof of such additional insurance coverage to the Church at least 72 business hours prior to the Activity.

I/We further state that I/we are authorized to sign this agreement; that I/we understand the terms herein are contractual and not mere recital; and that I/we have signed this document of my/our own free act and volition. I/We further state and acknowledge that I/we have fully informed ourselves of the content of this affirmation and release as well as the Policy for Use of Church Facilities and Equipment by reading all before I/we are signing.

/We have executed this Church Facility Usage and Hold Harmless Agreement this $_$	day of	, 20

	_ (Name of Organization)	St. Paul Lutheran Church
By:		Ву:
Signature		Signature
Title:		Title:

USE A SEPARATE PAGE FOR SETUP DIAGRAM

SPLC Office Use Only					
Certificate of Liability Insurance Received		Certificate of Liability Insurance NOT Received			
Facility Use Fee	s: Facility Fees (total other side)	Event Entered on Calendar dateby			
	Audio/Visual, (if requested)	Payments Received:			
\$ \$	Custodial Fee Security (when required)	Date			
\$ \$	Facility Host Setup Fee	Amount			
\$ <u>200.00</u> \$	Deposit (Wedding is \$500) Total Fees Due	Bal.Due Deposit Refunded dateCheck #			