



Today's Date:

**Name of Organization or Individual:**

**Main Contact Person Name:**

**Email:**

**Phone:**

**Purpose & Activity:**

**Date(s) & Time(s):**

**Room/s Being Used:**

- |   |  |
|---|--|
| <input type="checkbox"/> Sanctuary        | <input type="checkbox"/> Conference Room |
| <input type="checkbox"/> Narthex          | <input type="checkbox"/> Kitchen         |
| <input type="checkbox"/> Fellowship Space | <input type="checkbox"/> Parking         |
| <input type="checkbox"/> Meeting Room     | <input type="checkbox"/> Whole Building  |

**Equipment/Furniture Needed:**

- Chairs
- Tables
- Piano
- TV
- Other: \_\_\_\_\_

**Specific Building Use Comments Here:**

**By signing below, you acknowledge**

1. I have received and will adhere to the Building Use Policies
2. I will use only the space listed above, only during the times/dates listed above
3. I will present the Pastor of St. Andrew's with any physical signage I wish to post on St. Andrew's property
4. Failure to restore the space to the original state or failure to clean up after yourself may result in a \$75 cleaning fee.

\_\_\_\_\_  
**Building User**

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

\_\_\_\_\_  
**St. Andrew's Representative**

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

**St. Andrew's Contact Name:** \_\_\_\_\_

**St. Andrew's Contact Phone:** \_\_\_\_\_

*For Administrative Use Only:*

**Room Usage Rate:**

**Date Donation Received:**

*To be paid prior to the event*

**Approved By:**

***Please write checks to "St. Andrew's Lutheran Campus Center" or pay at  
Lutherancampuscenter.org***