

Augustus Lutheran Church

REQUEST/ WORK ORDER FOR USE OF FACILITIES

717 West Main St., Trappe PA 19426

610-489-9625

www.oldaugustus.org

Date of request _____ Organization _____

Contact Name _____ Phone# _____ email _____

Event Title _____ #of attendees _____

Event Dates _____ Start time _____ End time _____

Set up date/time _____ Breakdown date/time _____

Amounts listed are the minimum donations for use of the facilities and are inclusive. Circle all that apply.

Room	Augustus Member (private event)	Outside Group	(room capacity)
Fellowship Hall (no kitchen)	\$0	\$200	250
Fellowship Hall w/ kitchen	\$0	\$300	250
Recreation Hall w/kitchen	\$0	\$100	100
Nave (church)	\$0	\$200	400
Chapel (as is)	\$0	\$150	50
Old Church	\$0	\$200	300
Classrooms (room #)	\$0	\$30 each	25
Nursery	\$0	\$30	20
Sexton	\$75	\$150	
Totals	\$	\$	

Stipulations and Hold Harmless Agreement

1. Please submit all forms to the church office a minimum of 45 days in advance for Vestry approval.
2. The sexton fee per event/per day is non-negotiable.
3. Upon Vestry Approval, outside groups are required to pay a non-refundable deposit of 50% of total cost to place the event on the calendar. Balance due one week prior to event.
4. All outside groups must submit a certificate of adequate insurance.
5. All donations are non-tax deductible.

I have read and agree to abide by the stipulations listed above.

The undersigned does hereby agree to hold harmless and indemnify Augustus Lutheran Church, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the course of the event detailed above.

Authorized Signature _____ Date: _____

Office use only:

Date approved by Vestry _____ by _____ Proof of Insurance Yes No by _____

Deposit \$ _____ rcvd date _____ by _____ Bal. Due _____ rcvd date _____ by _____

Event: _____ **Date:** _____ **Contact:** _____ **Phone:** _____

Food Service information: (circle all that apply)

No food being served Snack and beverages only Caterer (contact info., insurance)
Some heating use of kitchen equipment Food Service start time _____
Outside groups must provide all food service equipment.

Set- Up Style (8 ft. Tables)

U- Shaped...# of chairs _____ # of tables _____ Use room as is
Open Square ...# of chairs _____ # of tables _____ Theatre. .. # of chairs _____

Options: **Podium** **Projection Screen** **Sound system/Mic.**

Additional notes:

Please provide a drawing of your desired set –up:

