



Peace Evangelical Lutheran Church & School, Inc.
 1007 Stonehaven Drive
 Sun Prairie, WI 53590
 (608) 837-5346 / church.office@peacewels.org

GENERAL USE FACILITY REQUEST

I/We request the use of the specified facilities of Peace Lutheran Church & School, Inc. (referred to hereafter as Peace) on the date(s) and time(s) listed below, according to the Facility Use Policy (see "Facility Use Policy" outline).

NAME (USERS): _____

EMAIL: _____ PHONE: _____

ESTIMATED NUMBER OF PEOPLE: _____ PEACE SPONSOR: _____
 (For non-members only)

DATE(S) REQUESTED: _____ TIME PERIOD: _____

PROPOSED USE: _____

FACILITIES REQUESTED (Bathrooms included):

- Gymnasium Multipurpose Stage Atrium / Concession
- Conference Workroom Soccer Field Softball Field
- Classroom # _____ Other _____
- Support needs (tables, chairs, audio-visual equipment, etc.) _____

I/We the undersigned, have read the Facility Use Policy of Peace and agree to abide by it during the use of the facilities. I/We understand that failure to adhere to this policy may result in forfeiture of (or a portion of) our deposit, or a delay in its return, until any/all items in question are corrected.

I/We agree to hold harmless, indemnify and defend Peace from any and all liability which may result from any person using the facility for User's purposes. Furthermore, I/we release from any claims, and do not hold Peace, its officers, staff, members, volunteers, or any other representatives, liable for any personal injury or damage to personal property, caused or occurring during use of the facilities.

I/We agree to have, if requested, Peace Evangelical Lutheran Church & School, Inc. named as an Additional Insured on User's liability and medical insurance policy and will provide a "Certificate of Insurance" to Peace showing the same as an Additional Insured.

I/We further agree to conduct a visual inspection of the building, including entrances and exits, prior to each use, and warrant that the building will be used only if it is in a safe and non-hazardous condition.

SIGNATURE(S): _____ DATE: _____

CHECKLIST FOR CLOSING AND SECURING FACILITY

- Furniture and equipment returned to rightful place(s) Lights turned off
- All exterior doors/windows closed and locked Key cards returned

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FOR OFFICE USE ONLY

Request approved by: _____ Date: _____

Special conditions required: _____

Request denied because: _____

Fee/Suggested Donation Amount: _____ Received by: _____ Date: _____

Deposit Amount: _____ (if applicable) Received by: _____ Date: _____

Deposit refunded by: _____ Date: _____

Reason for partial/no deposit refund: _____