

St. John's Lutheran Church (SJLC)

500 Third St West, Northfield, MN 55057

Phone: 507-645-4429

FACILITY USE AGREEMENT

Today's Date: _____ Date of Event(s): _____

One Time Event: _____ Recurring Event: _____

Time of Actual Event: _____ Prep Time: _____

Group/Organization Name: _____

Contact Person: _____ Member(s) of SJLC: _____

Contact's Phone #: _____ Email: _____

Contact Address: _____ City/State/Zip _____

Group/Organization: _____ Not for Profit _____ For Profit

Room(s) needed: _____

Will the Kitchen be used? _____ If so, will the dishwasher be used? _____

Describe Event or Activity: _____

Contact present during event: _____ Phone #: _____

How many participants will attend: Adults _____ Children _____

I have read the Facility Use Policy and our group agrees to all terms and conditions in said Agreement and Policies.

Authorized User Signature: _____ Date: _____

Printed Name: _____

Approved Date(s): _____ Approved Room(s): _____

Fee Paid: _____

SJLC Representative: _____ Date: _____