

ST. JACOB'S LUTHERAN CHURCH
3444 STICKS ROAD
GLEN ROCK, PA 17327
717-235-7313

Property Use Request Form

Name of Individual or Organization _____

Member ____ Non-member ____

Address _____

Telephone _____ Number in Attendance _____

Description of Activity and Time/Date requested: _____

Area(s) Requested for Use (All areas will have access to restrooms):

____ Rental fee for members is \$100, except for weddings and funerals

Non-Member Fees:

____ Classroom	Rental Fee: \$50
____ Fellowship Hall and Kitchen	Rental Fee: \$300
____ Sanctuary and Narthex	Rental Fee: \$500
____ Sanctuary, Narthex, and Nursery	Rental Fee: \$500
____ Entire Facility with kitchen	Rental Fee: \$1000

All requests for use of the church property must be approved by the Property Ministry Committee and/or the Council. An application form must be submitted to the church office at least eight weeks before the scheduled event date. If the application is being submitted by a group such as Boy/Girl Scouts, school, church, etc. they are required to also submit a certificate of insurance with the application. The person or group requesting the use of any areas of the church and/or has signed as the responsible party, agrees to hold harmless St. Jacob's Lutheran Church for any injuries or damage to property of participants during this event. These injuries or damages are the responsibility of the participant.

For weddings, the application form must be submitted to the church office at least 6 months before the scheduled wedding date.

Rental Fee must be received at least four weeks before the scheduled event. Personal checks will be accepted for payment; however, if any personal checks are returned by the bank, the event will be cancelled unless the rental fee plus the bank service charge is paid before the scheduled event.

The full rental fee will be returned to the approved user in the event that an activity must be cancelled by St. Jacob's Lutheran Church because of damage to the property caused by fire, flood, or some other catastrophe. If the activity is cancelled by the approved user, the rental fee will be returned less a \$20 processing fee.

Signature _____ Date: _____

Approved _____
Signature _____ Date _____

Not-approved _____
Signature _____ Date _____

Reason not approved _____

Inspection of Facility after use:

Please check all that apply:

Garbage	☐	Satisfactory	☐	Not satisfactory
Tables/Chairs	☐	Satisfactory	☐	Not satisfactory
Restrooms	☐	Satisfactory	☐	Not satisfactory
Floors	☐	Satisfactory	☐	Not satisfactory
Damages	☐	None	☐	Described below
Other				

Inspected by:

 Date:

User Signature:

 Date:

Other Comments:

Date Paid

 Amount Paid \$

 Check #

Received by

Date Payment deposited

Adopted: August 14, 2012

Amended: August 9, 2016