

# Nazareth Lutheran Church – Request for CHURCH FACILITIES

Please save this form to your computer, fill it out, and email to Julia Voss at [julia.voss@naz.org](mailto:julia.voss@naz.org) with "facility" in the subject line; or fax to 319-266-1040

DATE filling out form: _____ Organization/Event: _____ Date of Event: _____ <i>OR</i> Date of 1 <sup>st</sup> Session: _____ Date of last Session: _____	Total time needed (include set-up & clean-up) From: _____ a.m./p.m. To: _____ a.m./p.m. Events Begins: _____ a.m./p.m. Event Ends: _____ a.m./p.m. GROUP SIZE: _____
<input type="checkbox"/> One-time Use <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

**PLEASE NOTE: ALL WEDDINGS AND/OR WEDDING RECEPTIONS WILL USE SEPARATE FORMS & WILL BE HANDLED INDEPENDENTLY.**

PLEASE CONTACT THE FOLLOWING PEOPLE FOR SCHEDULING WEDDINGS/RECEPTIONS:

Julia Voss for scheduling your wedding – [julia.voss@naz.org](mailto:julia.voss@naz.org) or Barb Burbridge for scheduling a wedding reception – [barb.burbridge@naz.org](mailto:barb.burbridge@naz.org)

This Event is (check one):     Ministry     Community     School     Personal

**THERE IS NO CHARGE FOR NAZARETH MINISTRY-RELATED EVENTS**

Are you a member of Nazareth Lutheran Church or church affiliated group?     YES     NO

Are children going to be in the building?     YES     NO – If yes, they MUST have adult supervision in a reserved room.

\*\*Please Note: Even though you have reserved a specific room, your event may be moved to another room.

**Rooms** (Please use ONLY the rooms you have reserved).

Room #	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special Set-Up Instructions: \_\_\_\_\_

**Family Life Center (for Nazareth members only)**

Entire Gym  
 East Gym  
 West Gym  
*(A notice of events/practices and times will be posted on Gym door).*

**Nazareth Van Use (for Staff ONLY to use for Ministry-Related events)**

Nazareth Passenger Van

**(If approved, keys will be located in Inner Office with instruction form and your name on form).**

**YOUR GROUP MUST BE OUT OF THE GYM OR DESIGNATED ROOM ON TIME IN ORDER TO ACCOMMODATE OTHER FUNCTIONS.**

**FEES:** (cost for facility includes set-up, tear-down, electricity, cleaning, garbage. Does not include sound/audio visual equipment)

**Family Life Center Gym**

Sporting Events - \$25 per time block  
 Events (non-sporting) - \$200

**Individual Room Usage**

\$25 (up to 3 hours; \$15/hour thereafter)

<b>Bethel Hall</b>	<b>Fellowship Hall</b>	<b>Worship Center</b>
<input type="checkbox"/> \$250	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300

**TOTAL DUE: \$ \_\_\_\_\_**  
*(Payment must accompany contract, once approved by Nazareth).*

**Coffee Shop**  
 \$50 (up to 3 hours; \$15/hour thereafter)

**Food Services**

Sandwich/Chips/Dessert  
 Hot Meal  
 Cold Salads and/or Soups  
**(The Food Ministry Director at Nazareth will contact you directly regarding costs/details if you are requesting food).**

<input type="checkbox"/> Round Tables: # _____ <input type="checkbox"/> Long Tables: # _____ <input type="checkbox"/> Chairs: # _____ <input type="checkbox"/> TV/Cart <input type="checkbox"/> Projector/Cart <input type="checkbox"/> DVD <input type="checkbox"/> Blu Ray <input type="checkbox"/> VCR <input type="checkbox"/> Lighting System <input type="checkbox"/> Computer/Projector <input type="checkbox"/> Sound System <input type="checkbox"/> Podium	<input type="checkbox"/> Screen <input type="checkbox"/> Whiteboard <input type="checkbox"/> Video/Projector <input type="checkbox"/> Basketball Hoops <input type="checkbox"/> Music Stands: # _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> AV/Technical Support - \$82.00 (subject to additional fee if 14 day advance notice is not given)
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**Your Contact Information: (MUST BE COMPLETED)**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Nazareth Lutheran Church Contact Person: \_\_\_\_\_

**SIGNATURE** (Required) – Must be 21 years or older: \_\_\_\_\_

**OFFICE USE ONLY:** Julia Voss (initials) \_\_\_\_\_ Approved: Chris Shoff \_\_\_\_\_ / Angie Rath \_\_\_\_\_