

BUILDING USE EXPECTATIONS

The acceptance of a permit issued for use of South Santiago Lutheran Church facilities constitutes an acknowledgement by the organization or group of the following conditions:

1. No group or organization may sublet their use of the facilities to any other group.
2. A Host, Mechanical Engineer, or responsible church member must be present from the time of entry into the facility until time of departure.
3. The organization or individual making the application must assume the responsibility and the liability for injury to person and/or damage to property.
4. All groups using the kitchen are required to clean up after using the kitchen. The room and facilities are required to be returned to the order of arrangement they were in before the scheduled use. (A checklist will be provided to assist with this.)
5. Food shall not be left at the church after use of the kitchen or dining area.
6. All dish towels, dish clothes and table cloths used by the group shall be put in a marked container on the counter. The South Santiago Lutheran Church kitchen chairperson will do the laundering of them.
7. Any equipment/supplies destroyed or missing will be replaced by South Santiago Lutheran Church with equipment/supplies of equal quality and the cost charged to the group.
8. Rice, confetti, and birdseed are prohibited from use at weddings and/or other occasions anywhere on the church property.
9. This is a smoke free building.
10. Use of alcoholic beverages is prohibited on church property.
11. Make checks payable to the individual (Janitor, Host / technician & etc.) who performs the services
12. All classrooms will be locked.
13. If kitchen is not reserved and /or paid for, kitchen will be locked.

Signature _____ Date _____

Type of Event _____ Date of Event: _____

Authorized Staff / Council Officer

Signature _____ Date _____

Times you will need church open (rehearsals, actual event):

Date: _____ Time: _____

Pick Up Date: _____ Time: _____

Return Date: _____ Time: _____

_____ Tables Inventory numbers _____

_____ Chairs Inventory numbers _____

Deposit Made _____ Date _____ Total Fee Due _____ Date _____