

AGREEMENT
ST. JOHN'S LUTHERAN CHURCH FACILITIES

The following is the Statement of Agreement between
St. John's Lutheran Church
20275 Davidson Rd., Brookfield, WI 53045

And:

Responsible Party:

Street Address:

City, State, Zip Code:

Telephone & Email Contact:

Date(s) Requested:

Beginning Time – Ending Time
Be sure to allow ample time for set-up & clean-up

Purpose

Designated areas which may be used

NOTES:

1. **The areas involved shall be cleaned and restored to their original condition after their use;**
2. If insurance coverage is required, a certificate of such insurance must be filed in the church office prior to the use of the facility;
3. No alcoholic beverages of any kind are permitted on the premises;
4. No smoking is allowed;
5. No fund raising events may be held in the facility unless prior approval is obtained from the church officials;
6. All doors are to be locked, and the building secured upon leaving the premises.
7. After hours emergency contact:
Dale Granlund 896-1951
Pastor Scot Ruffatto 547-4984

In consideration of the foregoing, the sum of _____ shall be paid to cover the costs of overhead, depreciation and janitor costs. In addition, the sum of _____ shall be **deposited** with the church office prior to use of the facilities. Such **deposited** sum is to be returned upon inspection of the facility to insure its restoration to its original condition without damage of any kind whatsoever. Fee may be waived, or the amount amended to comply with the provisions of the Constitution and By-Laws of St. John's Lutheran Church. **If any of the above mentioned is not complied with, this agreement can be terminated at any time.**

St. John's Lutheran Church
Renee Hombsch

_____ Date _____

Responsible Party

_____ Date _____

Key Received ____ Date _____ office use paper ____
Key Returned ____ Date _____ on-line ____