

St. Andrew's Evangelical Lutheran Church

20 Dill Avenue

Perkasie, Pennsylvania 18944

Phone 215-257-6184; Fax 215-257-3474

chaurchoffice@standrewsperkasie.org

Request for Building Use

Name of Group, Organization or Individual _____

Contact Person _____ Date of application _____

Address _____

Phone _____ E-mail _____

Cell # _____

Space requested: Fellowship Hall Other: _____

Purpose of the request: _____

Is this request for: one time use _____ recurring use _____

If recurring, please indicate the frequency and duration _____

Date and time of initial use _____

(Please include time needed for set-up and clean-up)

Special terms / conditions _____

Maximum Head Count _____

Food Served: Yes / No

Alcohol use: Yes / No

Kitchen equipment use (stove, pots, pans, etc.) Yes / No

Caterer or other services will be used Yes / No

Name of Caterer _____

Phone Number of Caterer _____

By signing below, I agree that I have received and understand and signed the St. Andrews Fellowship Hall Usage Policy Agreement and will abide by all terms and conditions of said Agreement.

I /We the undersigned agree as one of the conditions of using the above premises, that I/We will not permit any unlawful business or activity on the premises, and no one use shall be made thereof which shall be unlawful, noisy, offensive or contrary to any law of the State of Pennsylvania or ordinance of the Borough of Perkasie.

Further, it is understood that the I/We the undersigned will be personally responsible for all injuries or damages to any person or property arising form the use of the premises; and I/We shall be responsible for all activities of occupants during the usage period.

Applicant signature _____ Date _____

Name Printed _____

Revised October 11, 2017

This portion of application to be completed by church personnel.

Total Usage Fee _____ Total Security Deposit _____

- User Liability Insurance Required Date Received _____
- Service Provider Insurance Required Date Received _____

50% Fee collected _____ Date _____ Balance Collected _____ Date _____

- PAID IN FULL Date _____

Security deposit collected _____ Date _____

Authorized by: _____ Date _____