OUR SAVIOUR LUTHERAN (OSL) CHURCH FACILITY USE REQUEST FORM

(Effective: February 7, 2025)

Please PRINT all of the information. Retur	n the completed	form and deposit, if require	ed, to the Facility l	Jse Manager'	's mailbox	
in the narthex, mail slot next to front door	, or via mail to O	SL Church, 420 N. Progress	Ave., Harrisburg, P	PA 17109. <u>Re</u>	quests	
are due at least one month in advar	<u>nce.</u> Any questic	ons, please call the church o	office (717-545-999	92).		
Please keep a copy for your records. Every	effort will be ma	de to notify the requestor			ion.	
Person making request:	Check Group/Requestor Classification		Contact Information			
Name	OSL Group		Home Phone:			
	OSL Member Private Function					
Street	OSL Member Represented Group		Cell Phone:			
	Individual Non-member					
City	□ Non-profit Organization		Business Phone:			
State Zip	 Fund Raising Group Other. Describe: 					
State Zip		ibe.	Email:			
Is this person a member of OSL church? Ch	leck one:	Name and description of event:				
□ Yes						
🖵 No						
Name of organization/group/committee t			Check area(s) to be used:			
facility:		Fellowship Hall	Pavilion			
		🖵 Kitchen	Other. Describe:			
		Classroom/Library				
Number expected to attend:	Day(s) & Date(s	s) of EVENT (include day	Beginning: AM/PM (circle		(circle	
				,,	(
	of week, month		one)			
	of week, month		one) Ending (include cl	ean up time):		
SET LID Check one:	of week, month	, date, year):	one) Ending (include cl AM/Pl	ean up time): M (circle one)		
SET UP. Check one:			one) Ending (include cl AM/Pl Donation	ean up time):		
SET UP. Check one: Same day as event (time included in "Events stated above)	ent" time	, date, year): Item	one) Ending (include cl AM/Pl	ean up time): M (circle one)	1	
□ Same day as event (time included in "Eve	ent" time	, date, year):	one) Ending (include cl AM/Pl Donation	ean up time): M (circle one)	Amount	
□ Same day as event (time included in "Event stated above)	ent" time up:	h, date, year): Item Deposit Fellowship Hall	one) Ending (include cl AM/Pl Donation per hour \$100.00	ean up time): M (circle one)	Amount	
□ Same day as event (time included in "Events stated above)	ent" time	Item Deposit Fellowship Hall Kitchen (if using	one) Ending (include cl AM/Pl Donation per hour	ean up time): M (circle one)	Amount	
 Same day as event (time included in "Eventstated above) Not on same day. Day(s) & Date(s) of set 	ent" time up:	h, date, year): Item Deposit Fellowship Hall	one) Ending (include cl AM/Pl Donation per hour \$100.00	ean up time): M (circle one)	Amount	
 Same day as event (time included in "Eventstated above) Not on same day. Day(s) & Date(s) of set Times: Beginning AM/PM (circle one) 	ent" time up:	Item Deposit Fellowship Hall Kitchen (if using stove/oven)	one) Ending (include cl AM/PI Donation per hour \$100.00 \$125.00	ean up time): M (circle one)	Amount	
 Same day as event (time included in "Eventstated above) Not on same day. Day(s) & Date(s) of set 	ent" time	Item Deposit Fellowship Hall Kitchen (if using stove/oven) Classroom/Library	one) Ending (include cl AM/PI Donation per hour \$100.00 \$125.00 \$20.00	ean up time): M (circle one)	Amount	
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 Same day as event (time included in "Eventstated above) Not on same day. Day(s) & Date(s) of set Times: Beginning AM/PM (circle one) 	ent" time	Item Deposit Fellowship Hall Kitchen (if using stove/oven) Classroom/Library Pavilion Other (separate wedding fee)	one) Ending (include cl <u>AM/P</u> Donation per hour \$100.00 \$125.00 \$125.00 \$10.00 \$10.00 \$10.00 \$10.00	ean up time): M (circle one) # of hours	Amount	
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1) Unexpected conflict with church event (namely a funeral) would require rescheduling. _____ (initial)

2) Certificate of Insurance (for organizations on an ongoing basis only) _____ (initial)

3) Persons renting will refrain from removing any wall hangings in the fellowship hall. _____ (initial)

(over)

DO NOT WRITE BELOW. TO BE COMPLETED BY CHURCH OFFICIALS.

Date received in Church Office:		Received and "logged in" by:			
Date notified and by what means (e-mail, phone, mail, mail		Signature of church officials and Date			
slot)					
		Approved Denied			
		Comments:			
Facilities Use Manager					
Requestor Notified	Date Notified:	Method Used to Notify:	By Whom:		
🖵 Approval					
🖵 Denial					

OUR SAVIOUR LUTHERAN (OSL) CHURCH FACILITY FEE SCHEDULE FOR INDIVIDUAL NON-MEMBER OR NON-PROFIT GROUPS (Effective: February 7, 2024)

Facility Location	Suggested Donation	Comments
Fellowship Hall	\$100.00/hour	Minimum half hour increments at \$50.00
Kitchen	\$125.00/event	
Classroom	\$20.00/hour	
Pavilion	\$10.00/hour	Maximum of \$50.00/day