

**OUR SAVIOUR LUTHERAN (OSL) CHURCH FACILITY USE**

**REQUEST FORM**

(Effective: November 13, 2019)

Please PRINT all of the information. Return the completed form and deposit, if required, to the Facility Use Manager's mailbox in the narthex, mail slot next to front door, or via mail to OSL Church, 420 N. Progress Ave., Harrisburg, PA 17109. **Requests are due at least one month in advance.** Any questions, please call the church office (717-545-9992).

Please keep a copy for your records. Every effort will be made to notify the requestor within TWO WEEKS of submission.

<b>Person making request:</b> Name _____  Street _____  City _____  State _____ Zip _____	<b>Check Group/Requestor Classification</b> <input type="checkbox"/> OSL Group <input type="checkbox"/> OSL Member Private Function <input type="checkbox"/> OSL Member Represented Group <input type="checkbox"/> Individual Non-member <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Fund Raising Group <input type="checkbox"/> Other. Describe: _____	<b>Contact Information</b> Home Phone: _____  Cell Phone: _____  Business Phone: _____  Email: _____
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<b>Is this person a member of OSL church?</b> Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name and description of event:</b> _____ _____
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<b>Name of organization/group/committee to use the facility:</b> _____	<b>Check area(s) to be used:</b> <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Kitchen <input type="checkbox"/> Classroom/Library <input type="checkbox"/> Pavilion <input type="checkbox"/> Other. Describe: _____
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<b>Number expected to attend:</b> _____	<b>Day(s) &amp; Date(s) of EVENT</b> (include day of week, month, date, year): _____	<b>Beginning:</b> _____ AM/PM (circle one) <b>Ending</b> (include clean up time): _____ AM/PM (circle one)
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<b>SET UP.</b> Check one: <input type="checkbox"/> Same day as event (time included in "Event" time stated above) <input type="checkbox"/> Not on same day. Day(s) & Date(s) of set up: _____  Times: Beginning _____ AM/PM (circle one) Ending _____ AM/PM (circle one)	<b>Item</b>	<b>Donation per hour</b>	<b># of hours</b>	<b>Amount</b>
	Deposit			\$200.00
	Fellowship Hall	\$75.00		
	Kitchen (if using stove/oven)	\$100.00		
	Classroom/Library	\$20.00		
	Pavilion	\$10.00		
	Other (separate wedding fee)			
	Members	minimum donation \$50.00 per event		
	<b>TOTAL</b>			

<b>Requestor Signature:</b> _____	<b>Date:</b> _____	<b>PAID</b>	<b>Date:</b> _____	<b>Method:</b> _____	<b>Received by:</b> _____
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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)

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

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

**OUR SAVIOUR LUTHERAN (OSL) CHURCH FACILITY FEE SCHEDULE  
FOR INDIVIDUAL NON-MEMBER OR NON-PROFIT GROUPS  
(Effective: February 13, 2019)**

<b>Facility Location</b>	<b>Suggested Donation</b>	<b>Comments</b>
Fellowship Hall	\$75.00/hour	Minimum half hour increments at \$35.00
Kitchen	\$100.00/event	
Classroom	\$20.00/hour	
Pavilion	\$10.00/hour	Maximum of \$50.00/day