

**St. Paul Lutheran church – Facility Use Form**  
 1120 N 8<sup>th</sup> Ave, Winterset, IA 50273  
 515-462-4270 • office@stpaulchurch.net

Please complete this form and return to the church office. No event will be scheduled until this form is completed and all payments (if applied) are received. If you have any questions, please contact the church office.

**ORGANIZER/RENTER INFORMATION: Indicate    Group A    Group B    Group C**

Organization: \_\_\_\_\_

Individual/Contact Person \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Physical Mailing Address: \_\_\_\_\_

**EVENT INFORMATION - utilized for all events other than wedding.  
 (For weddings, please request/utilize Wedding Policies Form)**

Type of Event: \_\_\_\_\_

Day and Date Requested: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Total Expected Attendance: \_\_\_\_\_

Space(s) and Equipment Needed: \_\_\_\_\_

Catering: If desired, contact the church office for details.

<b>FEES</b>	<b>Group C</b>	<b>Requested</b>
Damage deposit	\$100	<input type="checkbox"/>
Classroom(s)	\$20/each	<input type="checkbox"/> ___ #
Kitchen	\$75	<input type="checkbox"/>
Fellowship Hall	\$75	<input type="checkbox"/>
Sanctuary	\$50	<input type="checkbox"/>
Audio-visual system	\$50	<input type="checkbox"/>
Custodian (200+ people)	\$50	<input type="checkbox"/>
<b>TOTAL FEES</b>		

**Please sign below to acknowledge having read and agreed to the building use policies.**

Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Deposit received \_\_Y \_\_N Date: \_\_\_\_\_ Receipt given \_\_Y \_\_N  
 Fees received \_\_Y \_\_N Date: \_\_\_\_\_ Receipt given \_\_Y \_\_N  
 \$100 deposit returned \_\_Y \_\_N Date: \_\_\_\_\_ If no, reason \_\_\_\_\_