APPLICATION FOR USE OF LCF CHURCH FACILITIES

Name of Group/Organization		
Date of Application	Single Event	Recurring Event
Date(s) facility required		
Which building(s)?		
Which building(s)? Time facility required: From:	am/pm to:	am/pm
Full Description of Activity (s)		
Number of Participants:		
Other particulars		
Contact Person		
Phone No.	Email	
Credit Card Number/Exp Date/CCV_		g group, who will assist in directing
LCF church member, who is also a	a member of the applyin	g group, who will assist in directing
in the proper use of the facilities:		
LCF member name and phone no		
application. The applicant and individ harmless LCF and its officers, agents, causes of action, and all other loss and or associated with the use of LCF Chu employees, and agents pursuant to this	CF as a result of the use luals executing this appl and employees from an expense, including reasurch property by the application.	of LCF Church facilities pursuant to this lication shall indemnify and hold d against any and all claims, demands, sonable costs of litigation arising out of licant group and its members, guests,
Will foods be served? What ty	pe of preparation?	
We have read and agree to comply wit	th the "LCF BUILDING	GUSE POLICY".
Signature of Applicant		
Title in Group/Organization		
Cell Phone No	Email Address_	
Street Address		
Any love gift would be appro	eciated to help cover a	dministrated and facilities cost.
FOR L	CF OFFICE USE O	NLY
Application Approved (yes/no and initials of office manager)Date		
Assignment Detail		
Use of audio/visual equipment	(yes/no)A	uthorized By
Use of piano (yes/no)		

Time(s) needed
Duration [date(s)]
Compensation (if any)
LCF Church Activities Calendar Updated? (yes/no and initials of LCF office manager)
Attachment: Check list for building use.
(Copy to applicant and original in church office files.)