

Facilities Usage Request

Good Shepherd Lutheran Church

501. S Dale Mabry Highway, Tampa, FL 33609 813-877-3105 www.goodshepherd Tampa.org

Name (or Organization): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Mobile: _____

Alternate Contact Name: _____ Phone: _____

Purpose of meeting or event: _____

Facility Requested: _____ Donation pledged: \$ _____

Date(s) Requested: _____ Frequency of use (circle): Once Weekly Monthly

Comments: _____

I, or my organization, agree to respect the property of Good Shepherd Lutheran Church. I, or my organization, will be responsible for any damage to the property, and notify Good Shepherd of any change in contact person. I, or my organization, hold Good Shepherd harmless for any injuries occurring on their property and will provide Good Shepherd with a certificate of insurance if possible. I, or my organization, agree to complete a "Facilities Usage Responsibility Disclaimer" upon approval of the date(s), and before receiving a key.

Signature _____ Date: _____

Do not write below this line

Approved by: _____ Date: _____

Room(s) assigned: _____ Key issued: _____

Donation received: \$ _____ Date: _____ Key return date: _____