

CHURCH EVENT ROOM USE GUIDELINES

September 2017 - August 2018

Room Request forms (attached) must be submitted by the church event's Primary Contact Person and received by the church office *at least two weeks prior to the event*. Requests for meeting space will be considered only upon receipt of a completed Room Request form.

PRIMARY CONTACT PERSON: PLEASE INITIAL EACH ITEM BELOW indicating you have read, understood, and will abide by it. Sign and submit this form along with Room Request.

**Please
initial**

- _____ I will notify the church office immediately if my event is cancelled for any reason.
- _____ Knowing that room assignments may be changed or canceled at any time to accommodate church ministry needs, I will check the lobby schedule upon arrival to confirm our room assignment. We will meet only in the assigned room(s) and will adhere to scheduled meeting times in order to avoid conflicts with other groups that may be using the assigned space before or after our event.
- _____ Before leaving, I will assure that all lights in our *assigned room(s)* have been turned off. I will also see that lights in our *wing* of the building are off if we are the last to leave that wing, and that all lights in the building (except security lights) are off if we are the last to leave the *building*.
- _____ If we are the last group to leave the building, I will assure that *all exterior doors are closed and locked*.
- _____ If issued a key card to provide building access after normal office hours, I will notify the church office immediately if the key card is lost. I will return the key card to the church office immediately after the last use of our assigned space. I acknowledge that a \$10 replacement fee may apply to non-returned or lost key cards.
- _____ I acknowledge that: the Nursery may be used only if supervised by *approved* Good Shepherd childcare workers; a fee may apply; and Good Shepherd's *Guidelines for the Prevention of Child Abuse* will apply. If childcare is needed, I will contact the Nursery Coordinator, Kathy Zubilek (891-1700, ext. 30), at least two weeks prior to the event to schedule childcare.
- _____ I will notify the church office immediately if a new Primary Contact Person is appointed. (The preferred means of communication with the church office is email; so check frequently the email address you provide Good Shepherd.)

Signature _____

~ FOR FURTHER INFORMATION ~

Contact Steve Fahnestock 891-1700 ext. 101 or sfahnestock@goodshepherd.com

Good Shepherd Lutheran Church

513.891.1700 ♦ FAX 513.891.1707 ♦ sfahnestock@goodshepherd.com

2017-2018 CHURCH EVENT ROOM REQUEST

GOOD SHEPHERD LUTHERAN CHURCH

FAX: 513-891-1707 • sfahnestock@goodshepherd.com

~ Please PRINT all information in BLOCK letters ~

Today's Date _____	~ FOR OFFICE USE ~ One-time Use <input type="checkbox"/> On-going Use <input type="checkbox"/> Room _____ Authorization _____ Confirmation _____ Key _____ Returned _____
Contact Person _____	
Organization _____	
Address _____	
City _____ State _____ Zip _____	
Main Phone _____ Alt. Phone _____	
E-mail _____	

- Title of event: _____

- Frequency of meetings: Once Weekly Every other week Monthly
For recurring meetings:
a) Day of the week (please circle one) Sun M Tu W Th F Sat
b) Week of the month (please circle one) 1 2 3 4 Last
c) **You must list EACH individual meeting date on the back of this form.**
- Beginning date _____ Ending date _____
- SET UP time _____ am or pm (*Time you will arrive to set up room*)
START time _____ am or pm (*Time that will be posted on the lobby display*)
ENDING time _____ am or pm (*Time you anticipate leaving the building*)
- Expected attendance _____
- Will you have food? No Yes If yes, will you need access to a kitchen? No Yes
- Do you wish to use the nursery? No Yes
- Room Requested: _____ (*Use the back of this form to indicate specific set up or room layout, including the number of tables, chairs, etc.*)

Be sure to submit your initialed *Room Request Guidelines* (see attached sheet) along with this request form!

Signature of Primary Contact Person

Date

IF YOU ARE REQUESTING SPACE FOR ***RECURRING**** MEETINGS...

(*Meetings that will occur weekly, monthly, or quarterly)

- 1) To help assure accuracy of your request, please check your calendar and then print in the appropriate columns below the dates for *each* individual date on which you request to meet at Good Shepherd.
- 2) Our “program year” begins in September and ends in August. **You must re-apply in the summer of each year for meeting space you wish to use in the following program year.**
- 3) Check your calendar to **avoid holidays** (Memorial Day, 4th of July) **on which you will NOT be meeting!**

NOTE: Due to programming needs of the church, no meeting space will be assigned for the period of one week before Christmas through New Year’s Day, Holy Week (the week before Easter), or the week of Vacation Bible School.

	<u>Wk 1</u>	<u>Wk 2</u>	<u>Wk 3</u>	<u>Wk 4</u>	<u>Wk 5</u>
September 2017	No meetings September 7, Nursery School Parent Night			_____	_____
October 2017	_____	_____	_____	_____	_____
November 2017	_____	_____	_____	No meetings Christmas-New Years, Dec 21 - Jan 1	
December 2017	_____	_____	_____	_____	_____
January 2018	_____	_____	_____	_____	_____
February 2018	_____	_____	_____	_____	_____
March 2018	No meetings Holy Week March 29-April 1, 2018			_____	_____
April 2018	_____	_____	_____	_____	_____
May 2018	_____	No meetings during VBS, June 18-June 22, 2018		_____	_____
June 2018	_____	_____	_____	_____	_____
July 2018	_____	_____	_____	_____	_____
August 2018	_____	_____	_____	_____	_____

ROOM LAYOUT: Diagram your specific room layout request here.

of Chairs _____ # of Tables _____ Other _____