

ST. JAMES LUTHERAN CHURCH FACILITY USE FORM



Name _____

Phone _____

Address _____

Date of Event _____

If an event, briefly describe the activity being held (note that the facility is not to be used for partisan political reasons): _____

Time and Duration of Event _____

Set up/Clean up Requirements (include the amount of time needed for set up and clean up) _____

Deposit Received (Church signature and Date) _____

Balance Due _____ Final Payment (Church signature and Date) _____

I have read the Facility Use Guidelines of St. James Lutheran Church and agree to abide by its contents. St. James Lutheran Church will NOT be responsible for any injury which occurs while going to or from, or during the use of, the facilities.

User's Name: _____

User's Signature: _____

St. James Lutheran Church
110 Phoenetia Avenue • Coral Gables • Florida • 33134
Rev. Lawrence Boudon
www.stjamescoralgables.org
stjamescoralgables@gmail.com
305.443.0014