



MESSIAH
Lutheran Church

"Sharing Jesus Christ with All People"

4810 50 Street, Camrose, AB T4V 1P5
Phone 780-672-3444 Fax 780-672-3716
Email messiah@cable-lvnx.net

**FACILITY USE
CONTRACT**

(To be completed by all users)

1. User Group _____
2. Contact Person _____ Phone _____
3. Messiah Group or Individual Sponsoring the event _____
4. Third-Party User Insurance
 Proof of Liability Insurance (witnessed by) _____
 OR
 Purchase of Liability Insurance
 (witnessed by) _____
5. Date and Time Requested _____
6. The following conditions will apply:
 Size of group _____ Length of stay: _____
 Publicity of choice Worship Announcement Sunday Bulletin Messenger
 Calendar Posters Word of Mouth
 Emergency contact name and phone number _____
 Keys to the church and lock up _____
 Space allocation _____
 Entrance _____
7. Approval by Messiah Staff Member:
 Signature _____ Date _____
8. Approval by Messiah ELW Executive (if required)
 Signature _____ Date _____
9. Cheque(s) should be made out to **Messiah Lutheran Church**
 and include a \$50.00 refundable damage deposit.
 Refundable Damage Deposit: _____
 Third-Party User Fees _____
 Donation for Facility Use: _____
 Total Amount Received: _____
10. I / we have reviewed a copy of the Facility Use Policy (and the Special Events Policy where appropriate) and agree to the conditions outlined.
 Signature _____ Date _____

Request processed by _____	Date _____
Confirmed by _____	Date _____