

# RESERVATION REQUEST & FACILITY USE AGREEMENT

Name of Organization/Group: \_\_\_\_\_

If non-profit, what is your Federal ID Number? \_\_\_\_\_

Name of Contact/Responsible Person: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of event: \_\_\_\_\_

What date(s) are you requesting? \_\_\_\_\_

Time to begin set-up: \_\_\_\_\_ Time event begins: \_\_\_\_\_ End time (including clean up): \_\_\_\_\_

Which room(s) are you requesting? \_\_\_\_\_

If requesting the Worship Center, what do you plan to do on the stage? \_\_\_\_\_

How many people do you expect to attend? \_\_\_\_\_ Will food or beverages be served? \_\_\_\_\_  
(Note: Coffee bar brewers and supplies are not available to be used.)

Do you need access to the kitchen? \_\_\_\_\_ Will you need a speaker's podium? \_\_\_\_\_

Will you need to use the sound system? \_\_\_\_\_ How many microphones? \_\_\_\_\_

**Note:** Use of sound/video/lighting systems in the Worship Center and Student Center requires paid Lakeshore trained technicians. It may be necessary to have more than one technician at your event. Other rooms with TVS and DVD players do not require a paid technician.

Time sound technician needed? (minimum ½ hour before event begins) \_\_\_\_\_

Do you plan to use visual media (video, graphics, pictures, audio)? \_\_\_\_\_

Accepted Formats: Pictures: .jpg or .png. Videos: .mp4 or .mov. Audio files: .mp3

Note: Video files **NOT** accepted are: .wmv, .avi or .wav

What format will you be using? \_\_\_\_\_

Time Video Technician needed? (minimum ½ hour before event begins) \_\_\_\_\_

Which, if any musical instruments will be used? \_\_\_\_\_

Lakeshore Representative for this event is: \_\_\_\_\_

Other special needs? \_\_\_\_\_

**By my signature below, I acknowledge and agree to the following:**

- 1. I have received and read Lakeshore's Facility Use Policy and agree to abide by all the conditions therein.**
- 2. I will be responsible for the conduct of those coming to, or participating in, the activity for which this application is being made, and for any damage beyond normal wear and tear that may occur as a result of this activity.**
- 3. I indemnify and hold Lakeshore Church and its administrators, agents, officers, members, volunteers or employees harmless from and against any damages, claim, or demand arising out the use of Lakeshore's facilities and equipment by any person participating in, or present because of, the scheduled activity.**
- 4. I will reimburse Lakeshore Church for any expenses incurred defending such claim or demand.**

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date signed: \_\_\_\_\_

To submit your request:

1. Return this completed form to the church office, or
2. Email it to [vcray@lakeshorechurch.net](mailto:vcray@lakeshorechurch.net), or
3. Fax it to 972-771-1686

FOR OFFICE USE ONLY

RETURN TO ADMINISTRATIVE ASSISTANT BY: \_\_\_\_\_

Staff Notified of Event \_\_\_\_\_  
*signature* *date*

Confirmed date is available \_\_\_\_\_  
*signature* *date*

Approved by Executive Pastor \_\_\_\_\_  
*signature* *date*

Approved by Small Groups Pastor \_\_\_\_\_  
*signature* *date*

Approved by Music Department \_\_\_\_\_  
*signature* *date*

need sound tech? \_\_\_\_\_ need video tech? \_\_\_\_\_ need stage cleared? \_\_\_\_\_

Approved by Facilities Manager \_\_\_\_\_  
*signature* *date*

Date for final meeting before event: \_\_\_\_\_

Approval conveyed to person making request: \_\_\_\_\_  
*signature* *date*

Event coordinator (if applicable): \_\_\_\_\_

Usage fee to be received: \_\_\_\_\_

Usage fee includes: \_\_\_\_\_

Amount of security deposit: \_\_\_\_\_

Date security deposit received: \_\_\_\_\_ By: \_\_\_\_\_

Date placed on Master Calendar: \_\_\_\_\_

Date usage fee received: \_\_\_\_\_ By: \_\_\_\_\_

Disapproved \_\_\_\_\_  
*signature* *date*