

# APPLICATION FOR USE OF ZION FACILITIES Date of application: \_\_\_\_\_



**RETURN APPLICATION TO:**

Zion Lutheran Church Office  
 PO Box 88  
 1200 Highway 25 South  
 Buffalo, MN 55313

Phone: 763-682-1245  
 FAX: 763-684-1967

Email: [lynn@zionbuffalo.org](mailto:lynn@zionbuffalo.org)

- Individual or Personal Use
- Community Non-Profit
- Zion Ministry

Date(s) \_\_\_\_\_  
 Please be specific. List specific individual dates on the back if needed or use a separate sheet if times/room/equipment/setup needs are different.

Name of Person Applying for Facility Use \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home / Cell / Work

Alternate Phone \_\_\_\_\_ Home / Cell / Work

Email Address \_\_\_\_\_

Organization Name or Zion Committee \_\_\_\_\_

Type of Event \_\_\_\_\_

Number Attending \_\_\_\_\_

Event Begins \_\_\_\_\_ (am/pm) Ends \_\_\_\_\_ (am/pm)

Setup from \_\_\_\_\_ (am/pm) Leave by \_\_\_\_\_ (am/pm)

Address of Organization \_\_\_\_\_  
 \_\_\_\_\_

Person in Charge (on site during usage time) if different \_\_\_\_\_

Cell Phone \_\_\_\_\_

**ROOM(S) REQUESTED**

- Sanctuary \_\_\_\_\_
- Fellowship Hall \_\_\_\_\_
- Trinity Hall \_\_\_\_\_
- Nursery \_\_\_\_\_
- Chapel/Library \_\_\_\_\_
- Choir Room \_\_\_\_\_
- Executive Meeting Room \_\_\_\_\_
- Large Classroom/s \_\_\_\_\_
- Small Classroom/s \_\_\_\_\_
- Kitchen Rental \_\_\_\_\_
- Kitchen Supervisor \_\_\_\_\_
- Sound/Video Tech \_\_\_\_\_
- Custodial Fee \_\_\_\_\_
- Equipment / Other \_\_\_\_\_

Setup by Custodian (specify) \_\_\_\_\_

**\* Deposit Check if required MUST be SEPARATE from Rental Fee Check (both due with this form)**

I have received and read Zion's Facility Use Policies and agree to abide by them. I will take responsibility for our group while using the facilities and will see that all guidelines are followed. I agree to indemnify and hold harmless Zion Lutheran Church from all losses, damages, or expenses incurred by any participant.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

This application received by \_\_\_\_\_ Date \_\_\_\_\_

Entered in calendar by \_\_\_\_\_ Date \_\_\_\_\_

Deposit Amount \_\_\_\_\_ Pd Date \_\_\_\_\_ Received By \_\_\_\_\_ Returned date/by \_\_\_\_\_

Fee Amount \_\_\_\_\_ Pd Date \_\_\_\_\_ Received By \_\_\_\_\_

Confirmation mailed / emailed / faxed / delivered by \_\_\_\_\_ Date \_\_\_\_\_