

FACILITY USAGE FORM

St. John's Evangelical Lutheran Church of Mahoning
826 Mahoning Drive West
Lehighton, Pa 18235
570-386-9960
Email: stjohns@ptd.net

Today's Date: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Date and Time of Event or Meetings: _____

of Individuals Attending: _____ Meeting Room Location: _____

Event/Meeting/Function: _____

Requested usage (circle Member/Non-member):

Non-Profit Organizations – NO charge (donations accepted) – must provide proof of non-profit

Kitchen Member \$25/Non-member \$50 \$ _____

Fellowship Hall Member \$50/Non-member \$100 \$ _____

Pavilion Member \$25/Non-member \$50 \$ _____

Total cost \$ _____ + \$50.00 Security Deposit (separate check)

I/we, the undersigned do agree to follow all rules for the use of the church facility as outlined in the "Facility Usage Policy" and will be responsible for the conduct of the people involved. It will be our responsibility to leave the facility in the same condition as it was found upon entering. We will not hold the church responsible for any accident/injury incurred during its use.

Signature of person making request: _____

Signature of Church Representative: _____

Return completed form, usage fee and security deposit (checks made payable to **St. John's Evangelical Lutheran Church of Mahoning**) to the church office.