

[2] Equipment Use and Special Request Form

The Lutheran Church of the Resurrection

3115 North Victoria Street
Roseville, Minnesota 55113
651-484-1292, office@lcrelca.org

- Complete the Facilities Use Application Form first.
- This form is to help ensure equipment and special arrangements have been communicated and understood as part of the Facilities Use.
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CONTACT INFORMATION

Organization Name: _____ Non-Profit: YES NO

First Name: _____ Last Name: _____ LCR Member: YES NO*

Phone: _____ Email: _____

**Deposits required in order to schedule room. Cancellations made less than 7 days before the event will result in a forfeit of the deposit. See schedule next page.*

EVENT INFORMATION

Event Type: _____ Event Date: _____

Description: _____

Arrive After: _____ am/pm (Include set up/take down) **Depart By:** _____ am/pm

For equipment only, use these dates and times for pick up and return of equipment.

On-site Contact Person (if not contact above): _____

Phone: _____ Email: _____

Application is continued on the next page

_____ Below: Office Use Only _____

Date Received: _____ Date Approved: _____ Support Staff Notified (names): _____

[2] – Eqpt. Use and Special Request Form (cont'd)

This form must be completed and returned to the Church Office.

For on-site supervision and technical help:

Requested Role(s): _____ Name(s): _____ (confirmed)

List All Equipment you are requesting to use (example: 16 chairs, 4 six foot tables, 1 coffee pots, 4 plastic table covers, etc.):

Special approvals noted here:

As the individual responsible for this equipment, I acknowledge I have read and/or am aware of the requirements for use of the equipment and that I am liable for any damage, loss and/or theft of the equipment up to and including replacement cost.

Requester (Name, Signature, Date): _____

Office Use Only

Approved by and Date: (Name and Date) _____

Equipment Received by: (Name and Date) _____