

Internal Ref. # _____
Event Name: _____

INTERNAL
Facilities Scheduling Request
 Augustus Lutheran Church,
 717 W. Main Street, Trappe, PA 19426

Instructions for Scheduling use of Augustus Facilities

1. Check the calendar on the Augustus web site www.augustustrappe.org under “About Us/Calendar” to see if the location and date of your event are available.
2. Complete the INTERNAL Facilities Scheduling Request (IFSR). This form can be accessed from the Calendar page on the web site or contact office@augustustrappe.org and the Parish Administrator can send you one.
3. To ensure availability for your event, submit the IFSR to the Parish Administrator NO LATER than the last Thursday of THE MONTH PRIOR to your event. Forms received after that date will not be reviewed or approved until the following month’s Vestry Meeting.
4. The Facilities Coordinator may contact you with questions prior to the Vestry Meeting.
5. The Vestry will review and approve your event at their monthly meeting (the first Tuesday of the month). Approval is contingent on Vestry Authorization and availability of the Sexton (as required by the vestry).
6. You will be contacted by the Facilities Coordinator with the status of your request.

Stipulations and Hold Harmless Agreement

1. Augustus is a non-smoking, alcohol-free facility.
2. Certificates of Insurance may be required by Vestry for outside vendors.
3. The Undersigned agrees to act as the Augustus Point of Contact for this event.
4. The Undersigned is responsible for ensuring that:
 - a. No tape of any kind is to be adhered to any painted surface within the facility including walls, doors, and woodwork.
 - b. Only the rooms requested and approved on the FSR and adjacent bathrooms are to be used.
 - c. The dishwasher is NOT to be used unless approved by Vestry.
 - d. Following your event, all lights are turned off, all outside doors are closed, and no water is running within the areas used (including adjacent bathrooms).
5. The undersigned does hereby agree to hold harmless and indemnify Augustus Lutheran Church, their officers, agents and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising from the actions of the undersigned in the course of the event detailed on the attached IFSR.

I have read and agree to abide by the stipulations above.

Authorized Signature: _____ Date: _____

Event Name: _____ Event Date: _____

Office Use only:	
Date Approved by Vestry: _____	by _____
Fee Received Date: _____	by _____
Sexton Scheduled: _____	cc: Sexton Date: _____

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Date of Request:	Organization:	
Event Title:		# of Attendees:
Contact Name:	Phone #:	
Contact E-mail address:		
Event Date(s):	Start Time:	End Time:
Set Up Date/Time:	Breakdown Date/Time:	

Rooms Requested
<input type="checkbox"/> Fellowship Hall (no kitchen)*
<input type="checkbox"/> Fellowship Hall (with kitchen)*
<input type="checkbox"/> Nave (church)
<input type="checkbox"/> Chapel (as is)
<input type="checkbox"/> Old Church
<input type="checkbox"/> Classroom (room #)*
<input type="checkbox"/> Classroom (room #)*
<input type="checkbox"/> Classroom (room #)*
<input type="checkbox"/> Nursery
<input type="checkbox"/> Sexton

Services Requested
<input type="checkbox"/> Paper Goods/Coffee Requested
Date Supplies Request Submitted:
<input type="checkbox"/> Set Up Requested
Date Set Up Request Submitted:
<input type="checkbox"/> Opening and Closing of Building Requested
Time church is to be opened:
Time church is to be closed:

Food Service Information: (Check all that apply)	Set Up Options: (Check all that apply)
<input type="checkbox"/> No food being served	<input type="checkbox"/> Podium
<input type="checkbox"/> Snack and beverages only	<input type="checkbox"/> Projection Screen
<input type="checkbox"/> Some use of heating equipment	<input type="checkbox"/> Sound System/Microphone
<input type="checkbox"/> Caterer Caterer start time:	

Room Selection/Set Up Diagram
Fellowship Hall: If you are requesting the use of Fellowship Hall, please indicate your preferred set up of tables and chairs on the attached diagram.
Classrooms: Please reserve classrooms by number or designation as shown on the attached diagram.

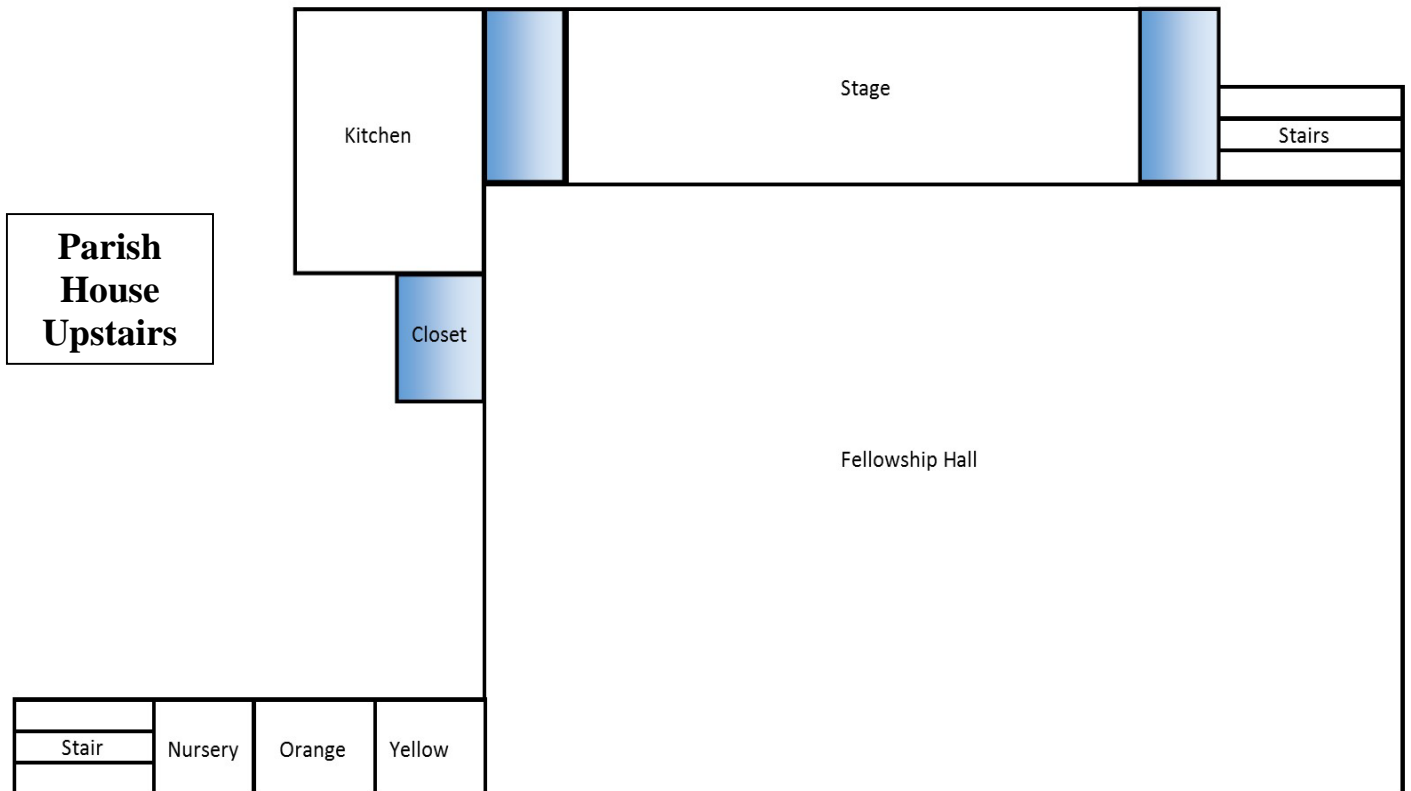
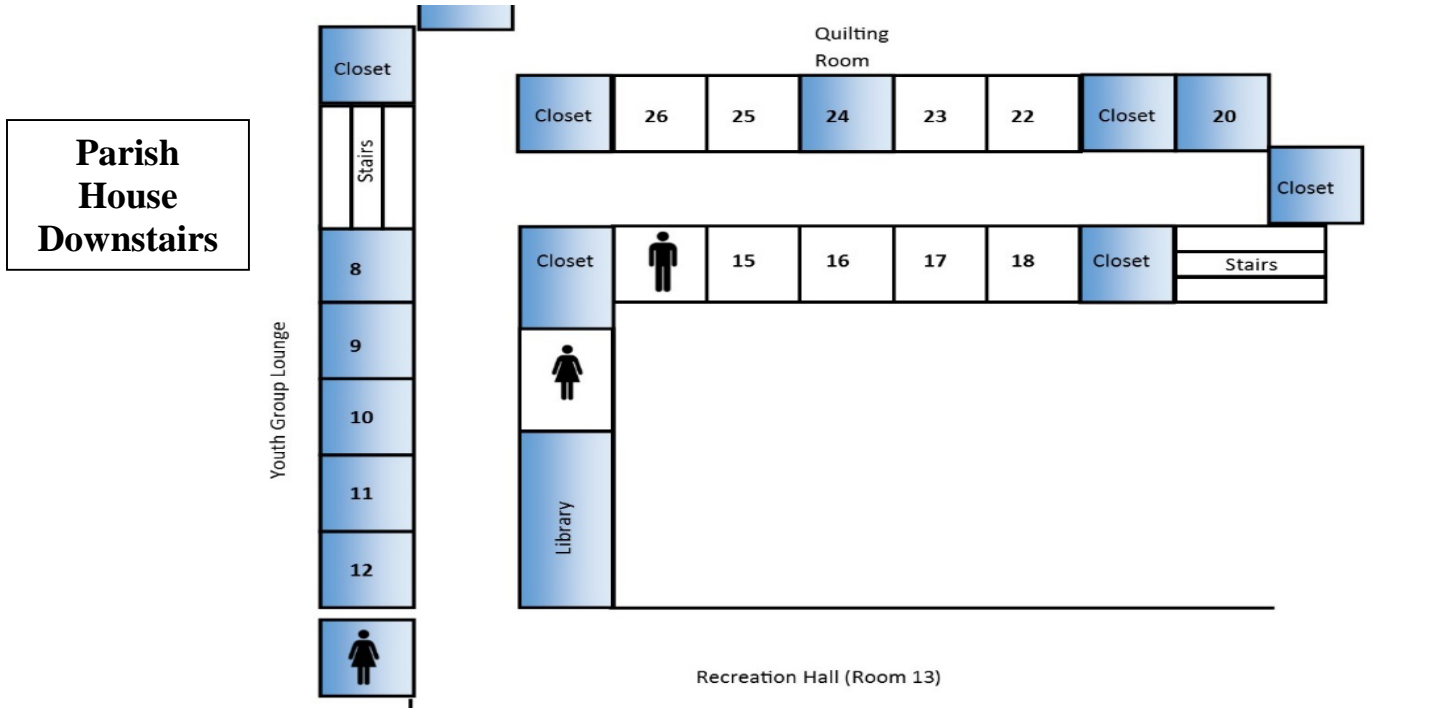
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Indicate Rooms/Spaces you would like to reserve for your event on the diagram below.
PLEASE NOTE: You are authorized to use only the rooms specified on this form and adjacent restrooms as approved by Vestry. All events are subject to spot checks to ensure compliance.



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Internal Committee Supplies Request

Contact Name: _____ E-mail: _____

Number of Attendees Expected: _____ Dates Supplies Needed: _____

Cups:

- Hot Cups
- Cold Cups

Plates:

- Luncheon
- Dinner
- Dessert

Bowls:

- Soup
- Salad/Fruit

Napkins:

- Luncheon
- Dinner
- Beverage/Dessert

Plasticware:

- Forks
- Knives
- Spoons
- Soup Spoons
- Stirrers

Beverages/Condiments

- Regular Coffee
- Decaf Coffee
- Tea Bags
- Lemonade
- Sugar, Sweetener, Non-dairy creamer (only dry, non-dairy creamer will be provided if requested)
- Salt & Pepper
- Sterno

Table Covers

- Plastic Individual (white only)
- Plastic Roll (white only)
- Linen per WELCA
- Placemats

Other:

Please note:

- The Facilities Coordinator will ensure that sufficient quantities of requested supplies are available based on the number of attendees
- Submit this form with the Facilities Scheduling Request when possible. Changes/Updates should be communicated to the Facilities Coordinator no later than 20 days before your event.