Facilities Use Request
Augustus Lutheran Church
717 West Main St., Trappe PA 19426

☐ Cub Scout Den Event (Den # ______)  ☐ Cub Scout Pack Event  ☐ Cub Scout Council Event
☐ Boy Scout Troop Event  ☐ Boy Scout Council Event

Event Title _______________________________________________  # of attendees ____________________________

Contact Name ___________________________ Phone# ___________________________

E-mail ________________________________________________

Recurring? ☐ No  ☐ Yes  If Recurring: Days of week/month: ______________________

Event Date ___________________________ Start time ___________________________ End time ___________________________

Set up date/time ___________________________ Breakdown date/time ___________________________

Room (s) Requested  Capacity  Room (s) Requested  Capacity
☐ Fellowship Hall (no kitchen)  250  ☐ Chapel (as is)  50
☐ Fellowship Hall w/ kitchen  250  ☐ Recreation Hall w/kitchen  100
☐ Nave (church)  400  ☐ Classrooms (room # ______)  25

(See diagram on reverse)

Scouts provide their own room set up and break down.

Please return the location to its original condition when finished.

Stipulations and Hold Harmless Agreement

1. Please submit form to the church office a minimum of 45 days in advance for Vestry approval.
2. The Undersigned agrees to act as the Augustus Point of Contact (POC) for this event.
4. The Undersigned is responsible for ensuring that:
   4a. No tape of any kind is to be adhered to any painted surface within the facility including walls, doors, and woodwork.
   4b. The kitchen dishwasher is ONLY used by a TRAINED OPERATOR.
   4c. 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).

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

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 out of the actions of the undersigned in the course of the event detailed above.

Authorized Signature ___________________________________________ Date: ___________________________

Office use only: Date approved by Vestry__________ by__________ Sexton Scheduled: ________________

Facilities Coordinator: Judi Lien  Judilien@comcast.net  Parish Administrator: Karen McClain  office@augustustrappe.org

Please reference the assigned Request Number in written communication with Facilities personnel
Please use diagrams to indicate all rooms you are requesting. Shaded rooms are not available.