

Request # _____
Internal – assigned at time of submittal

BOY SCOUT/CUB SCOUT

Program Year: _____

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
<input type="checkbox"/> Fellowship Hall (no kitchen)	250	<input type="checkbox"/> Chapel (as is)	50
<input type="checkbox"/> Fellowship Hall w/ kitchen	250	<input type="checkbox"/> Recreation Hall w/kitchen	100
<input type="checkbox"/> Nave (church)	400	<input type="checkbox"/> 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.
3. 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).

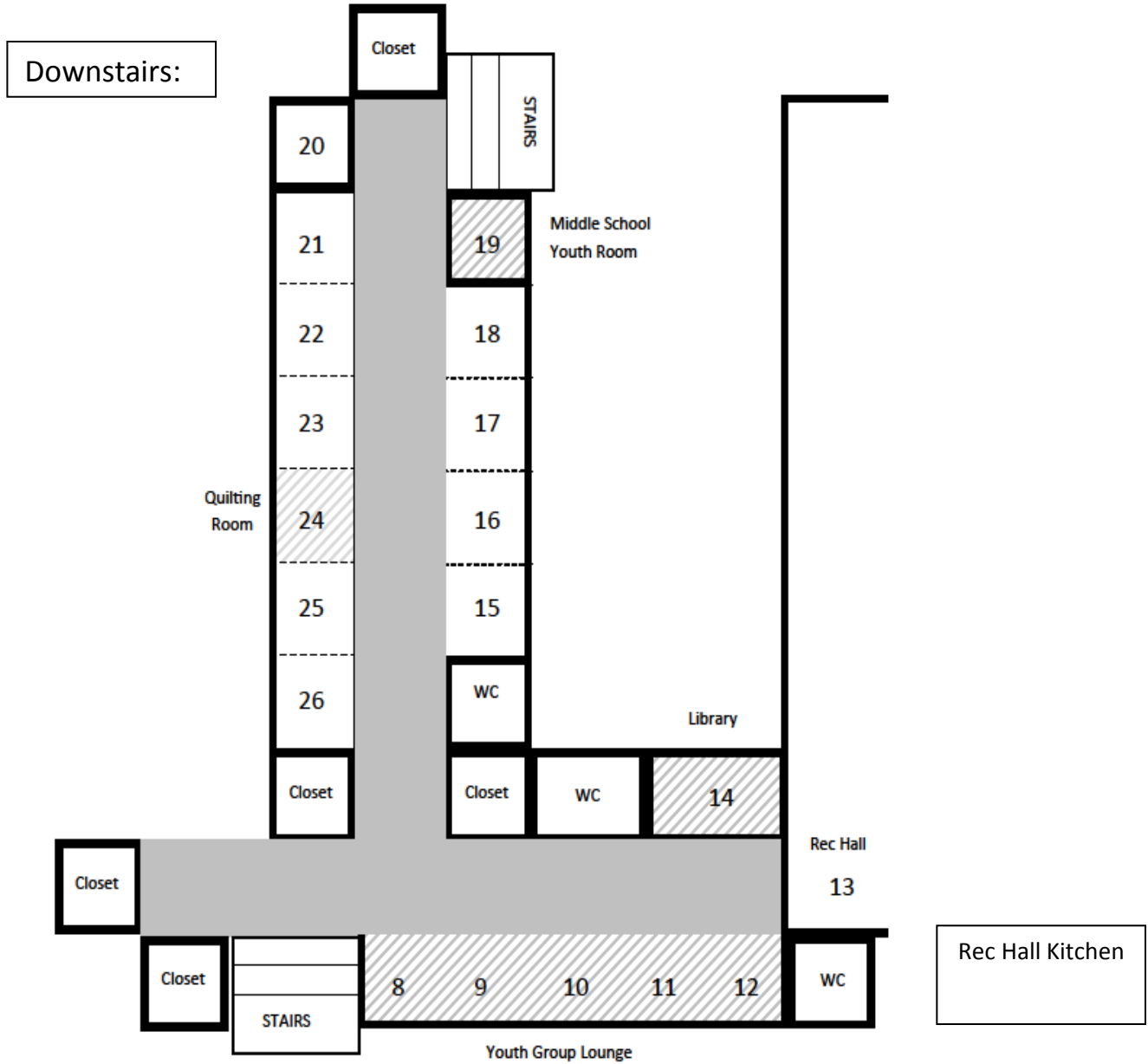
I have read and agree to abide by the stipulations listed above.

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: _____

Please use diagrams to indicate all rooms you are requesting. Shaded rooms are not available.



Parking Lot

Sanctuary ☩

Fellowship Hall

Fellowship Hall Kitchen

Campus

Chapel ☩