



3580 N Benton, Helena, MT 59601
406-442-7842
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Facilities Use Application

Date of Application: _____

Name of Group: _____

Authorized Representative: _____

E-mail _____

Address; _____

Phone (Home/Cell) _____ (Work) _____

Event Contact (If different than Representative) _____

Phone (Home/Cell) _____ (Work) _____

Purpose for Building Use: _____

Date(s) needed: _____

Start Time: _____

End Time: _____

(Dates may not be scheduled more than nine months in advance, except with specific permission)

Will the event be recurring?

- One time only Monthly Weekly Multiple Days

Which day(s) of the week?

- Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Rooms Requested:

- Sanctuary Community Room Great Room Kitchen
 Class Room(s)-specify _____

Anticipated Number of Participants: _____

Will a participant fee be charges? Yes No

Will food or drink be consumed? Yes No

Special Needs or Requests:

Release and Indemnity

This Release and Indemnity agreement is between the above-named organization (“Organization”) and Our Redeemer’s Lutheran Church.

The undersigned has read, understands, and agrees to the rules and regulations and payment terms set forth in the Facilities Usage document and Fee Schedule provided. The user group is liable for damages to the buildings, to grounds, to furniture, and/or to equipment and for the safety of all guests. The user group will be held responsible for the costs of repair that exceeds normal wear and tear. The security deposit will be used to pay for such costs. Costs that exceed the amount of the security deposit will be charged to the user group and collected after the event. The user group also agrees to indemnify and hold harmless Our Redeemer’s Lutheran Church from any loss, damage, or liability to property or persons resulting from facility use.

Signature: _____

Print Name: _____

Title: _____

VISA/MC Number (Required) _____

Exp. Date: _____ CVV Code: _____

Billing Address: _____

Internal Use

Room Fee(s):	\$
	\$
	\$
Late Lock Up	\$
Refundable Deposit	\$
Total Fee	\$

Entered in Calendar Payment Received Staff Notified