## REQUEST FOR USE OF FACILITIES AT LUTHERAN CHURCH OF HOPE 1305 West 10th Ave, Broomfield, Colorado 80020 Phone-303-466-4823, Fax-303-466-1968

TODAYS DATE: REQ	UESTED USE DAY & DA	
NAME OF ORGANIZATION REQUESTING FACILIT	TES:	Include list of dates if available
CONTACT PERSON:		
ADDRESS:		
TELEPHONE:		
TYPE OF ORGANIZATION: (What are the goals, pu		
NON-PROFIT: PROFIT:		
WHAT PORTION OF BUILDING DESIRED: (Fellowship Hall, Sunday School Room(s), Library, K	itchen, etc.)	
HOUR(S), REQUESTED: NUMBER OF PEOPLE AT	TENDING:	
ONE TIME OR ON A REGULAR BASIS:		
WHO RECOMMENDED THIS BUILDING?		
WHY WOULD THIS FACILITY BE DESIRABLE FOR	R YOUR PURPOSE:	
We agree to hold Lutheran Church of Hope harmless or social activities on the premises.	for any loss or injury which	n occurs when conducting business
We also agree to keep the portion of the building we use any activity we sponsor. We also agree to make sure settings, and the building is securely locked when we	all <u>lights are turned off, th</u>	
When there is a conflict because of church functions, able to meet in the building or may have to use a di always have priority.		
PLEASE NOTE: NO tobacco or alcohol use is permit regular business hours extra care must be given not to		
Name of Organization	Date	
Person authorized to sign for above organization	Telephone Number	er
APPROVED: For Lutheran Church of Hope	Date	
i or Lumeran Church of Hope	Dale	Updated 08-15-01