LIVING WATERS LUTHERAN CHURCH

11 Old York Road - Ringoes, NJ 08551 Phone: 908-284-9455, Email: officeLWLC@yahoo.com

Date: _____

REQUEST FORM – LONG TERM USE OF CHURCH BUILDING

Group/Individual:	
Contact Name:	
Home Phone:	Cell Phone:
E-mail Address:	
Back-up Contact:	Cell Phone:
Description of Activity:	
	chenette [] Sanctuary [] Narthex [] Outside] Piano [] Keyboard [] Sound System**
Weekly or Monthly Day of Week: S M T	W Th F S Time of Day:
Approximate Date of First Event:	Number of Participants:
 Changes made to table/chair arran Items and areas utilized during rer <u>Smoking is prohibited</u> in all areas outside the front entrance for cigar 	ectricity, heavy items, rentals, additional parking, etc)
Donation: \$ per [] Additional \$250 deposit** if sanctuary s	Agreement to be re-negotiated every 6-months ound system used
Both parties hereto agree to the above guideli	nes in good faith on:
Group Rep:	Signature:
Mailing address for return deposit:	
LWLC Contact Name:	Signature:
Contact Number:	Donation received/waived:
	x payable to Living Waters Lutheran Church x Road, Ringoes, NJ 08551