LSCC Facility Rental Reservation Form

Date contacted about event ____2/18/2008_____
Mail back with deposit within 7 days from the date above

Please Print Clearly

This form must be returned with Check no later then 7 days within date listed to be added to calendar.

Name: _____
Group: _____
Activity: _____
Total People: _____
Dates: (If scheduling your group for a season/quarter/ ongoing event, please attach your schedule to this form.)
_____
_____
_____
_____
Event start time: _____
Event end time: _____
Set-Up start time: _____
Clean-up end time: _____

Contact information:
Home phone# _____
Work phone # _____
Cell Phone # _____
Email _____
Address_____
_____
_____
□ LSCC Member
□ Non– Member (Background check required)
□ $25 fee paid for National Back ground check (required)
Date paid _____

$250 Deposit must be paid to schedule event on LSCC calendar. Deposit is in addition to rental fee. If event is cancelled less than 30 days prior to date of event a $100 fine will apply.

Event Planning

Assigned Room(s)
□ Summit
□ Alpine
□ Event Center
□ Kitchen
□ Nursery
□ Modular 1A
□ Modular 1B
□ Modular 2A
□ Modular 2B
□ Modular 3 (Club 56)
□ Modular 4 (Youth)
□ Men's Dressing Room
□ Women's Dressing Room
□ Athletic Field
Other_____
_____

Equipment Needs
(The use of some equiptment may require additional fees)
□ Microphones
□ Special Lighting
□ Sound System
□ CD
□ Keyboard
□ TV/VCR Set-up
□ DVD
□ Projector
□ Overhead projector
□ Dry erase board
Other _____
_____
_____
_____

Event Center Equipment
# of tables (Max 240 at 30 tables) _____
# of Chairs (Max w/tables 240– 8 chairs per table)
(Chairs only Max 650) _____
Optional:
□ Set-up/ Tear down $150 fee

□ Basketball Hoops (Require the use of our indoor balls)
□ Podium
□ Communion table (Weddings)
□ Candelabra (We provide dripless candles)
□ Choir Risers
□ Coffee Service

Kitchen rental use:
□ Use of refridgerator
□ Use of freezer
□ Use of stoves

OFFICE USE ONLY □ Member □ Non-Member □ National Background Check $25 fee □ Pd
Background checks required for all Non-Members
Facility use form received _____
Checklist : received □ yes □ no
Returned □ yes □ no
Deposit must be collected to be scheduled on calendar
Deposit $250 _____ □ Pd
Facility Use Fee _____ □ Pd
Deposit Returned □ yes □ no Date: _____
(If NO explain why)_____
_____
_____
_____

□ Office will unlock
□ After hours–key/cipher

□ Chad required set-up/ tear down $150 fee □ Pd _____
NOTIFY STAFF
□ Chad set-up/ tear down _____
□ Stacey Sound needs _____
□ Beth Publicity needs _____