



THE LUTHERAN CHURCH OF THE GOOD SHEPHERD  
1515 Emmorton Road  
Bel Air, Maryland 21014  
410-838-8081

FACILITY USE APPLICATION FORM

Please complete and return to LCGS at the address above  
ATTN: Office Manager

Any donations should be paid via check payable to the Lutheran Church of the Good Shepherd

Date request is made: \_\_\_\_\_

Event or group name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Event/meeting date(s): Start \_\_\_\_\_ End \_\_\_\_\_

Time(s) including set-up and clean-up: From: \_\_\_\_\_ to: \_\_\_\_\_

*(Normally, doors will be unlocked 30 minutes prior and lock 30 minutes after the event has begun. If that is not adequate, please discuss alternatives with the office manager)*

Is this a recurring event/meeting? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, what days are requested? \_\_\_\_\_

\_\_\_\_\_  
(For example: first Monday of each month, every Wednesday, once per quarter, etc.)

Size of group: \_\_\_\_\_

Kitchen use? *(this may require an additional donation and training)*: Yes \_\_\_\_\_ No \_\_\_\_\_

Resources/equipment you are requesting: *(Tables, Chairs, screen, etc.)*

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Additional Information: \_\_\_\_\_

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A Certificate of Liability naming LCGS as additional insured is required for all groups or individuals sponsoring an event held at LCGS. Organizations should have LCGS listed as "Additional Insured" with a minimum liability amount of \$1,000,000. Individuals should have LCGS listed as "Certificate Holder" with a minimum liability amount of \$500,000.

***I have read the Facility Use Policy for using LCGS meeting space and agree to adhere to it and the rules it contains. I understand that I am responsible for ensuring that the meeting space is returned to the original configuration (Celebration Hall set up is posted on the bulletin board outside of the hall), securing the room and/or building before leaving the premises, and for any damages.***

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

*OFFICE USE ONLY*

Date: \_\_\_\_\_

Request granted: Yes \_\_\_\_\_ No \_\_\_\_\_ By: \_\_\_\_\_

Donation total: \$ \_\_\_\_\_ Received date and check no. \_\_\_\_\_

Meeting Location: \_\_\_\_\_