



The Lutheran Church of the Good Shepherd

1515 Emmorton Road

Bel Air, Maryland 21014

410-838-8081 or officemanager@lcgselca.org

Facility Use Fee Reduction/Waiver Request

Event Sponsor Name: _____

Phone: _____ E-mail: _____

Date(s) of event: _____

*I have read the Facility Use Policy and agree to adhere to the guidelines and rules it contains. By signing below, I assume responsibility for LCGS property during our group's use. **Please attach copy of your group's liability insurance.***

Event Sponsor Signature

Date

For Office Use Only

Request Granted / Denied By: _____ On: _____

Fee required: \$ _____ Received on: _____

Room/Space reserved: _____

Special instructions: _____