

**Facilities Use Request Form**

**Ascension Lutheran Church**

7333 Pfeiffer Road, Cincinnati, OH 45242

Phone: (513) 793-3288

Contact: [office@ascensionlutheranchurch.com](mailto:office@ascensionlutheranchurch.com)

Web Site: [www.ascensionlutheranchurch.com](http://www.ascensionlutheranchurch.com)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Group/Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>&lt;&lt; For Office Use &gt;&gt;</b>
<u>Rooms/Spaces Assigned</u>
_____
_____
Authorization _____
Confirmation _____
Donation \$ _____ Deposit \$ _____
Date Rec'd: _____ Refunded _____

Brief description of event: \_\_\_\_\_

One-time use, Event Date: \_\_\_\_\_ Starting time: \_\_\_\_\_ Ending time: \_\_\_\_\_

For recurring events:    Daily    Every Week    Every other week    Monthly

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Day of the week (please circle one):   Sun   Mon   Tue   Wed   Thu   Fri   Sat

Week(s) of the Month (please circle): All   1   2   3   4   Last   Odd   Even

Starting time: \_\_\_\_\_ Ending time: \_\_\_\_\_

Expected attendance: \_\_\_\_\_    Adults    Children    Infants (less than 2 yrs.)

Will you have food?    No    Yes   Will you have beverages?    No    Yes

If yes, do you intend to use our warming kitchen and/or facilities?    No    Yes

**Rooms/Spaces Requested**

Classrooms (How Many \_\_\_\_\_)    Fellowship Hall    Warming Kitchen

Nursery(s) (one or both)    Narthex    Prayer Garden    Sanctuary

If using the Sanctuary, do you want permission to use:    the A/V equipment?    Music instruments?

**HOLD HARMLESS and INDEMNIFICATION AGREEMENT:**

This hold harmless indemnification agreement between \_\_\_\_\_ (name and/or group) and Ascension Lutheran Church, its affiliates, successors, etc. (ELCA, Synod, etc.). By using Ascension's facilities, you agree to indemnify and hold harmless Ascension Lutheran from any claims (including medical), actions, and judgments, including all cost of defense and attorney's fees incurred in defending against Ascension arising from and related to your use of the premises at 7333 Pfeiffer Road, Montgomery, OH 45242.

I have received and read Ascension's "Guidelines for Facilities Use" and this completed "Request for Use of Facilities" form and agree to abide by them.

Signature of Contact Person \_\_\_\_\_ Date \_\_\_\_\_