

**PROPERTY USE APPLICATION**  
**Our Saviour's Lutheran Church**  
**Williamsburg, Virginia 23188**

Please complete this form and email to: [Hall@OSLCNorge.Org](mailto:Hall@OSLCNorge.Org)

Date \_\_\_\_\_

Name(s) of Individual/Organization: \_\_\_\_\_

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

Contact Person's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Individual/Organization's Purpose: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Frequency: \_\_\_ One Time Only \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Other

Which day(s) of the week: \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun

**Note: Longer term use may require Church Council approval**

**General Information**

Describe *IN DETAIL* the type of event you will be bringing to OSLC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Number of Participants \_\_\_\_\_ Expected Number of Participants (Under 18y) \_\_\_\_\_

Will tickets be sold or admission charged for your event? ( ) Yes ( ) No

If yes, what are the admission fees and how will the net proceeds of this event be used?

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Will food or drink be consumed? ( ) Yes ( ) No

If food or drink, please describe the type and if the kitchen will be needed.

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***Note: A separate request is required if hot food will be prepared/served***

Will alcohol be consumed? ( ) Yes ( ) No

If alcohol will be consumed, please describe the type of alcohol.

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Is your group a Nonprofit 501(c)(3) organization? ( ) Yes ( ) No

Nonprofit Tax ID Number: \_\_\_\_\_

**Rooms/Areas Requested (See Fellowship Hall Floor Plan)**

Church:

\_\_\_ Sanctuary

\_\_\_ Narthex

Fellowship Hall Main Spaces:

\_\_\_ Lobby

\_\_\_ Fellowship Hall (Stage Room)

\_\_\_ Kitchen

Fellowship Hall Meeting Rooms/Areas:

\_\_\_ Library

\_\_\_ Conference Room

\_\_\_ Room 7

\_\_\_ Playground

\_\_\_ Other \_\_\_\_\_

**Equipment Needs:**

- \_\_\_ Piano
- \_\_\_ Organ
- \_\_\_ Tables (# )
- \_\_\_ Chairs (# )
- \_\_\_ Other \_\_\_\_\_

**Special Needs or Requests:**

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**Fees:**

Payment by check only (no cash) to: Our Saviour's Lutheran Church

Facilities Usage Fee \_\_\_\_\_, per Property Usage Fee Schedule

Damage Deposit \_\_\_\_\_, **\$100 per building** (Refundable – separate check)

Key Deposit \_\_\_\_\_, **\$20.00 per key**, (Non-refundable – separate check)

Cleaning Fee \_\_\_\_\_ (When property use provided at no charge)

AV Assistance Fee \_\_\_\_\_

***Note: Liability Insurance may be requested before approval of event***

**AGREEMENT**

***Completed After Review/Approval of Request***

\_\_\_\_\_ Request Approved      \_\_\_\_\_ Request Denied

By signing below, I have read and agree to OSLC's Use of Facilities Policy, Property Rules and Regulations and Child and Youth Abuse Prevention Program Document.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Requesting Individual/Org

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Church Council President or Designee

**AGREEMENT CLOSE-OUT**

\_\_\_\_\_ Damage Deposit Refunded [include to who, how much and date]

\_\_\_\_\_

\_\_\_\_\_ Damage Deposit Retained [include amount and reason]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Requesting Individual/Org

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Church Council President or Designee

