



2000 Ptarmigan Trail, Estes Park, Colorado 80517 • (970) 586-3900

SMLC Facility Use Agreement

Name of Event and/or Organization			
Contact Person		Today's Date	
Street Address:		PO Box?	
City	State	ZIP	
Phone	E-mail Address		
Nature of Event/Meeting			
Church Space Needed:	Sanctuary YES <input type="checkbox"/> NO <input type="checkbox"/>	Board Room YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Fellowship Hall YES <input type="checkbox"/> NO <input type="checkbox"/>	Kitchen YES <input type="checkbox"/> NO <input type="checkbox"/>	
Equipment Needed:	Organ <input type="checkbox"/>	Grand Piano <input type="checkbox"/>	Sound System <input type="checkbox"/> Other <input type="checkbox"/>
If other, please specify			
<p>It is understood and agreed that:</p> <ol style="list-style-type: none"> 1. SMLC has the right to terminate building or equipment usage at any time. 2. SMLC cannot accept liability for any injury incurred by an individual during the use of the building. 3. The contact person/organization has read the <i>"Use Guidelines"</i>, accepts the conditions and requirements and accepts full responsibility for the costs of any damage or needed cleanup caused by the person/organization, and will compensate SMLC for any such. 			
<p>Please attach:</p> <ol style="list-style-type: none"> 1. Do you have a copy of the organization's certificate of liability insurance YES <input type="checkbox"/> NO <input type="checkbox"/> Does it list SMLC as "Additional Insured" YES <input type="checkbox"/> NO <input type="checkbox"/> or 2. Do you have a copy of the <i>Hold Harmless Agreement</i> YES <input type="checkbox"/> NO <input type="checkbox"/> 			
Signature of Contact Person		Date	
Signature of Church Representative		Date	



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Dates Requested (please list each day)

Date	Start Time	End Time	Estimate of number attending

For office use only

Building use: Approved <input type="checkbox"/> Declined <input type="checkbox"/> Date:	Reason
Insurance Agreement/Hold Harmless Agreement Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Key Insured: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, #
Donation? Amount:	Check Number:
Reservation entered on calendar by whom?	
Copy given to applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	