

FACILITY USE AGREEMENT FOR WEDDINGS

DESERT CROSS LUTHERAN CHURCH

8600 South McClintock, Tempe, Arizona 85284 · Phone: 480-730-8600 Fax: 480-730-2533

Date of Request:

Date of Wedding:	Time of Wedding:	Total Hours Reserved:
Bride:	Groom:	
Home Phone #:	Home Phone #:	
Cell Phone #:	Cell Phone #:	
Email:	Email:	
Address:	Address:	

Staff		
Wedding Officiant: _____	Wedding Coordinator: _____	Director of Music: Jane Yost
Phone: Email:	Phone: Email: The fees for services rendered are payable by check to each individual.	Phone: 480-730-8600 Email: jyost@desertcross.org Music: <input type="checkbox"/> Pianist <input type="checkbox"/> Vocalist <input type="checkbox"/> Sound System <input type="checkbox"/> Communion Served. Sound system use requires a technician to be assigned by Jane.

Facility NO ALCOHOL PERMITTED ON PREMISES			
Fellowship Hall	<input type="checkbox"/> Rehearsal Dinner	Date and Time:	Number in group:
	<input type="checkbox"/> Reception	Date and Time:	Number in group:
Community Center	<input type="checkbox"/> Rehearsal Dinner	Date and Time:	Number in group:
	<input type="checkbox"/> Reception	Date and Time:	Number in group:
Equipment needs: Facility Users are welcome to set-up and take down tables and chairs if they do not wish to employ for those services.			

- * Deposit due at time of request (10% of expected facility fees).
- * If liability insurance is applicable, certificate is due 2 weeks after request is approved.
- * Balance due 2 weeks prior to event.
- * The Property Manager has the authority to substitute space if requests for the same space, date and time are received or if the activity could be more adequately served in another space.
- * Fees to be paid to Pianist, Vocalist, Sound System Technician, Communion Assistant, and/or Janitorial Service directly.

I agree to the terms of this agreement:

Signature _____ Date _____

cc:

- Jane Yost
- Pastor Cain
- Pastor Nolan
- Doug Bjotvedt
- Jessica Robinson
- Dawn Collins

Approved _____ Date _____

INSURANCE REQUIREMENTS (NON MEMBERS ONLY)

Each Occurrence	\$500,000.00
Damage to Rental Premises	\$ 50,000.00
Med Exp (any one person)	\$ 5,000.00
Personal and ADV Injury	\$500,000.00
General Aggregate	\$500,000.00
Products – COMP/OP AGG	\$500,000.00