

Holy Cross Lutheran Church – Facility Reservation Form
410 North Arlington Avenue
Duluth, Minnesota

Date(s) of Use _____

Recurring Use? Yes No Frequency of Recurrence _____

Arrival Time _____ Departure Time _____ Time of Event _____

Name of Group or Organization _____

Contact Person _____ Phone _____

Address _____ Term Expires _____

Brief description of group or organization function and purpose _____

Proposed facility use _____

Rooms to be used Fellowship Hall Narthex Kitchen Classrooms

Number of People attending _____

PLEASE READ AND SIGN:

By making this reservation, the reserving group or organization acknowledges that HOLY CROSS LUTHERAN CHURCH WILL NOT BE LIABLE FOR ANY THEFTS, INJURIES, OR DAMAGES RESULTING FROM OR ARISING OUT OF THE USE OF THE FACILITY, AND FURTHER AGREES TO INDEMNIFY AND HOLD HOLY CROSS LUTHERAN CHURCH HARMLESS FOR ANY SUCH LIABILITY. Failure to comply with the Facility Use Handbook policy can result in denial of further use of Holy Cross facilities.

Designated Representative _____

Signature _____ Date _____

Phone (if different than above contact number) _____

This section for office use only

Date Received _____ Calendar checked _____

Approved by _____ Facility Fee _____

Damage Deposit _____ (Separate Checks Required) Certificate of Insurance _____