



**University Lutheran Church
and Student Center**
914 Elm Ave.
Norman, Oklahoma 73072

Deposit Date _____ Ck # _____

Fee Date _____ Ck# _____

Signature of Deposit Return Receipt

Deposit Return Date _____

Facility Use Reservation

Date _____

Event Date _____ Start Time _____ End Time _____

Name of Event _____

Organization _____

Contact Person _____ Cell _____ Office/Home _____

Address & Email _____

Type of Use _____

Room(s) Requested _____

Number of People Expected: Adults _____ Children(12 & under) _____ (13-18) _____ total _____

Contract

In signing this contract for University Lutheran Church and Student Center use, I accept and agree to the conditions as outlined in the Facility Use Policy and will respect Church property.

Organization Representative

Signature _____ Date _____

Contract Valid only upon ULCSC Council approval.

Church member or staff liaison _____

ULCSC Council Representative _____ Date _____

Any damages to property will be the responsibility of the group/person using the facility. University Lutheran Church and Student Center is not liable for any personal injury that may occur during event.

One copy of this request form will be kept in the church office.
One copy of this request will be forwarded to the Council Secretary.