

FACILITIES USE REQUEST FORM

Please Mail Finished Copy Along With Your Payment To:
FIRST LUTHERAN CHURCH • 900 BEMIDJI AVE N. • BEMIDJI, MN
56601 or email to: news@flcbemidji.org or fax to: 218.444.5306



Date of Event (Month/Day/Year) _____

Type of Event: _____

Name of Organization (if applicable): _____

Address: _____

Time of Event: _____ to _____

Set Up Date & Time: _____ Clean Up Date & Time: _____

Set-Up Needs _____

Contact Person: _____ Phone: _____

Amount Due: \$ _____ Email: _____

Space Requested: _____

I will indemnify (fully compensate), defend and hold harmless First Lutheran Church of Bemidji and its officers, board members, agents, employees and volunteers (collectively "the Church") against any liabilities, damages, expenses, claims, demands, suits, fines or judgments (collectively, "Claim"), including but not limited to, reasonable attorney's fees, costs and expenses relating thereto, which may be suffered by, accrued against, charged to or recoverable from the Church by reason of; (i) any Claim arising out of, or relating to any breach (violation) by the Church or any of the obligations hereunder; (ii) any Claim alleging facts that, if true, would constitute a breach of the Church's representations or warranties in this Agreement or any Attachment; or (iii) any negligence, act, error, omission or misconduct of the Church.

Signature _____ Date _____

Printed name _____ Title/Position _____

Email _____

FOR OFFICE USE ONLY

Signature _____ Date _____

Position/First Lutheran Church _____

Date Form Completed _____ Custodian Notified _____ Calendar Updated _____