

OSCL has meeting rooms in the multipurpose room, the basement fellowship hall/social room (with or without using the kitchen), the upstairs loft, the upper room, and the sanctuary.

The following guidelines apply to these spaces:

FEES

- _____ Multipurpose Room (\$50 for half a day, \$100 for the whole day)
- _____ Social Room (\$50 for half day, \$100 for the whole day)
- _____ Upper Room (\$50 for half day, \$100 for the whole day)
- _____ Sanctuary (\$100 per event)

A signed copy of the document must be returned to the church with any and/or applicable fees before the room(s) is/are considered “reserved.”

ROOM USE

- The purpose of all gatherings in the facility should be consistent with the principles of OSLC and our mission. The rooms will not be used to promote commercial products use or partisan causes.
- It is understood that the room will be used only for the requested purpose and that activity will be confined to the agreed-upon area.
- No alcohol is allowed on church property other than for communion. Smoking or chewing tobacco is prohibited in the building.

CARE OF ROOM

- You are responsible for setting up the room as needed.
- Those using our facilities are expected to leave the area clean and arranged as initially set up.
- The user is responsible for the replacement cost of anything damaged or stolen.

CLOSING PROCEDURES

- The room should be straightened, and the trash should be taken out to the dumpster on the property's southeast side.
- Turn all lights off (including restroom and hallways).
- All doors unlocked need to be relocked.
- Food must be removed from refrigerators.
- Floors should be swept or vacuumed.
- Tables and counters must be wiped down with a damp cloth.

Events must not conflict with the church calendar.

- Worship and worship-related activities will take precedence.

OUR SAVIOR

LUTHERAN CHURCH

421 N PEARL ST | WAYNE NE 68787

Event date(s): _____

Arrival Time: _____ Departure Time: _____

Room(s) being used: _____

Special needs: _____

Name of group or person(s) reserving room(s): _____

Phone number: _____

Email: _____

The number of keys issued: _____

I/we understand and agree to follow the building use guidelines as printed.

Print Name

Date

Signature

Signature of OSLC Representative: _____