

**ST. LUKE UNITED METHODIST CHURCH
1621 Superior Street, Lincoln, NE 68521**

**Terms of Agreement
for the use of St. Luke United Methodist Church facilities**

Our organization _____
agrees to meet beginning on _____ and ending on _____
(Month/Year) (Month/Year)
on these days _____
from _____ to _____
(beginning time) (ending time)

We will use the following rooms _____
We will pay the church _____ per week/month for the use of the facility.
(If this applies.)

Fees for use of facilities for training will be "Free Will Offering"

- We will be given one key to the Church for the dates shown above. We understand the key is to be turned back in on or after the ending date.
- We understand we will need to get permission if we use any other rooms or dates than requested above.
- We understand that funerals, weddings or other church activities come first and we would have to move to another room or make other arrangements if necessary.
- We understand we are responsible for any damages that might occur or anything missing from our use of the facility.
- We will provide a responsible number of adults to supervise any activities.
- We will not let our participants have free run of the church.
- If we use the kitchen we need to reserve it in advance.
- If kids are outside we will supervise them at all times.
- We will not have any of our group using the nursery.
- We will return the church facility to the condition it was in before our use (turn off all lights, tables back if moved, etc.)
- We will not leave glue, paint, or other substances on the tables, floor or other facilities.
- We will not let kids jump on couches or other furniture.
- Rough-housing is not allowed anywhere!
- We realize this relationship may be changed at any time by St. Luke church.
- No alcoholic beverages or illegal drugs may be brought onto church property.

St. Luke will not be responsible for accidents, injuries or loss of personal property in connection with the use of our facilities.

Date _____

*Authorized Signature of organization _____ Phone # _____

*Authorized Signature of organization _____ Phone # _____

Authorized Signature for St. Luke United Methodist Church _____

****All organization leaders must read and sign.***