

ST. PAUL EVANGELICAL LUTHERAN

Sharing God's grace through Christ, we love, pray, rejoice and serve



375 Lothrop, Grosse Pointe Farms, MI 48230

313.881.6670

Rev. Frederick J. Harms
Senior Pastor

Rev. Morsal O. Collier
Associate Pastor

St. Paul Evangelical Lutheran Church Rental Fee Schedule

Single usage rates for personal or non-church related functions.

	<u>Member</u>	<u>Non-member</u>
Sanctuary	\$100	\$200
Sandrock Hall	\$80	\$155
Large Kitchen	\$20 coffee & cookies \$55 catered event \$145 full meal preparation	\$155 \$155 \$155
Fireside Room	\$85	\$165
Bethany Room	\$50	\$100
Small Kitchen	\$30	\$55
Small Rooms	\$15	\$25
Large Rooms	\$25	\$35
Nursery	\$30	\$50
Youth Room	\$50	\$100

A custodian fee of an additional \$25 when a custodian is required and/or if the room is left in an unsightly condition.

Guidelines

- All payments must be delivered and payable to St. Paul Lutheran Church at least two weeks in advance of the usage.
- Application for use of the church building must be made at least three weeks in advance of date of use. In case of an emergency, Pastoral or church staff may allow uses [and approval is requested].
- There shall be no charge for use of rooms for events sponsored by regularly constituted church organizations.

Funerals

- If a funeral luncheon is held in Sandrock Hall or the Bethany Room before or after a funeral, there is no fee when the deceased was a member.
- Use of the church for funerals by non-members shall be determined by the church Pastors and appropriate fees charged.

Weddings

- See additional policy regarding wedding fees and regulations.

Revised February 23, 2009

www.stpaulgp.org

info@stpaulgp.org

ST. PAUL EV. LUTHERAN CHURCH
Room Request Form

This section for Receptionist Use Only
Scheduled by: _____ Date: _____

The Church Secretary requires this form, no later than 2 weeks, before an event is to be scheduled on the Church Calendar.

Event/Occasion Name: _____

Day: Sun. Mon. Tues. Wed. Thurs. Fri. Sat. **Start Date:** _____ **End Date:** _____

Describe the reoccurrence or list individual Dates: _____

Time of Event (must include AM or PM): _____ to _____ **Attendance** (approximate): _____ (Final count required one-week prior)

Time of Setup (must include AM or PM): _____ to _____ **Time of Cleanup** (must include AM or PM): _____ to _____

Type of Event (check all that apply): Meeting Event with food Meet & leave Concert Rehearsal Other

What room(s) would you prefer?

- | | | |
|---|--|--|
| <input type="checkbox"/> Sunday School Room(s): _____ | <input type="checkbox"/> Bethany Room | <input type="checkbox"/> Nursery (sitter must be present) |
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Sandrock Hall | <input type="checkbox"/> Kitchen ONLY → basement <input type="checkbox"/> 1 st floor <input type="checkbox"/> 2ndFloor <input type="checkbox"/> |
| <input type="checkbox"/> Fireside Room | <input type="checkbox"/> Poppin Hall | <input type="checkbox"/> Other _____ |

Tables for Sandrock Hall/ Poppin Hall (check all that apply): Rectangle Chairs None

Will your event have food of any kind? Yes No **If Yes, who will be providing food?** Members Caterer

Do you need access to the facility for prep work/setup/cleanup? Yes No **If yes, when would you like access (date & times)?**

Date: _____	<input type="checkbox"/> Prep Work	Time: _____ to _____	# of Helpers _____
Date: _____	<input type="checkbox"/> Set Up/Clean Up	Time: _____ to _____	# of Helpers _____
Date: _____	<input type="checkbox"/> Serving	Time: _____ to _____	# of Helpers _____

For events in Sandrock Hall/Poppin Hall/Fireside Room/Bethany Room please select from the following setup styles, the room setup arrangement that best suits your needs (setup style is not indicative of whether or not your event will have food).

- None:** room as normally set.
- Regular Meeting:** chairs encircling a singular table.
- Lecture Style:** chairs in single file rows facing a podium.
- Hors d'oeuvre Style:** a singular table with chairs placed along the outer wall.
- Buffet Style:** long tables surrounded by chairs, and 2 rectangular tables.
- Full Service:** long tables surrounded by chairs.

PLEASE CONTINUE BY COMPLETING THE REVERSE SIDE OF THIS FORM.

Beverage(s) Needed: Tea Coffee Water Other: _____

Is a dishwasher needed? Yes No (If yes, Organizations will need to provide trained personnel)

Please select an option below for all functions with food.

Fancy: Full course meal, tablecloths, china, silverware, and glasses on the table. (St. Paul china/silverware/etc. used by St. Paul groups *only*.)

Simple: Placemats, plates, plastic silverware, cups, coffee in pots and self served.

Other (Please describe): _____

Please list all other equipment needed by event planner not listed above

- | | | |
|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Microphone | <input type="checkbox"/> Screen | <input type="checkbox"/> A/V Cart |
| <input type="checkbox"/> Projector | <input type="checkbox"/> Flipchart | <input type="checkbox"/> Extension Cord |
| <input type="checkbox"/> Easel | <input type="checkbox"/> Utensils | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Platters | <input type="checkbox"/> Lectern | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> VCR | <input type="checkbox"/> Laptop | <input type="checkbox"/> Other _____ |

Reservation Form Yes No

Charge for Meal: Yes No; Cost: \$_____ per person/ \$_____ per family

- **Facilities are to be left in the same condition as they were found.**
- **Users are responsible for any and all damages incurred.**
- **For-profit organizations will not be permitted use of the building.**
- **The use of alcoholic beverages is prohibited. Gambling is prohibited.**
- **This is a smoke-free building & is handicap accessible.**
- **This application is to be filled out for each building use unless your organization meets on a regularly scheduled day & time, then it must be completed annually.**
- **The Organization/person renting will agree to pay damages and any costs for janitorial/facility services incurred should the building not be left in satisfactory condition.**

Event Organizer (contact for more information): _____ **Event Organizer Phone:** _____

Sponsoring Organization: _____ **Staff Contact:** _____

Your Name: _____ **Your Phone:** _____ **Today's Date:** _____

Has a key been issued? Yes _____ No _____ If yes, to whom: _____
Returned? Yes _____ No _____

Contact persons at St. Paul are:
Frederick J. Harms, Senior Pastor
Morsal O. Collier, Associate Pastor
Sandy Wallace, Office Manager
Ray Carpentier, Sexton
Church Office: 313.881.6670