

SPIRIT OF JOY! APPLICATION FOR FACILITY USE

7550 Crownridge Drive, The Woodlands, TX 77382 Phone: 936-271-0893

Name of Organization _____

Space Requested: ___Worship Center ___Resource Center ___Kitchen
___Conference Room ___Gathering Space ___Deck
___101 Room ___102 Room ___103 Youth Room
___104 Room ___105 Room ___106 Room
___107 Room ___108 Nursery Room ___Pastor's Office

Purpose of Meeting _____

Date and Time Requested _____ Length of Meeting _____

Type of Participants: (check appropriate) _____Adults _____Teens _____Children

Estimated Attendance _____

Name of Leader _____

Address of Leader _____

Phone # of Leader _____

Name of Responsible Person (if different than Leader) _____

The organization has read and agrees to abide by the General Policies and Regulations of the Facilities Use Agreement.

A member of the Church shall guarantee activities and functions of the organization and its compliance with the Facilities Use rules and regulations.

Signature/Title of Requesting Individual Date

Signature of Church Member Date

The above Facility Use is granted with the following condition:
(Initial)

_____ Spirit of Joy! is mentioned in publications when the group gathers at Spirit of Joy!
Lutheran Church along with our address – 7550 Crownridge Drive, The
Woodlands, TX 77382

Approval Signature Date