

Lynden Christian School
417 Lyncs Drive Lynden, WA 98264 360-318-9525

(use fee will be determined by the latest facility rental schedule)

NAME OF APPLICANT OR ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

DATE(S): _____

PERSON IN CHARGE OF EVENT: _____

ARRIVAL/SET UP TIME: _____ DEPARTURE/CLEAN UP END TIME: _____

START TIME OF ACTUAL EVENT: _____

END TIME OF ACTUAL EVENT: _____

FACILITY REQUESTED: _____

TYPE OF ACTIVITY: _____

WHAT TYPE OF SUPERVISION WILL BE PROVIDED: _____

WILL THERE BE AN ADMISSION CHARGE:(CIRCLE ONE) YES NO

WILL THERE BE ANY FOOD SERVED: (CIRCLE ONE) YES NO

IF YES, WHO WILL BE PROVIDING THE FOOD: _____

Is it likely that your group will assist the custodian with setup and/or cleanup? YES NO

WILL YOU NEED: (PAY STUDENTS DIRECTLY FOR SOUND AND LIGHTING)

Chairs	Tables	Microphone	Stage Lighting
Podium	Piano	Keyboard	Sound System
Stage	Spotlight	Risers	Other

Special Set up Instructions: _____

Please read the following statement and sign below:

The undersigned agree to assume full responsibility for the care of the facility used. It is understood that the organization or individual user will be responsible for the behavior of the group and to indemnify and hold harmless Lynden Christian School Board and Society against any claim for damages, compensation or otherwise on the part of any member of the group or person using the facility. Should any damages result to the facilities as a result of our usage, we will be responsible to insure full restitution.

Signed: _____ Date: _____