

Member Rates

Gym & Kitchen \$125
Fellowship Room and Kitchen \$50
Classroom \$20
Kitchen Only \$ 50
Park, Gazebo, and Church \$ 0
Deposit \$150.00
Must reserve space with activity form.

VASA LUTHERAN CHURCH
Attn: Office Coordinator
15235 Norelius Road
Welch, MN 55089
(651) 258-4327

Non- Member Rates

Gym & Kitchen \$250
Fellowship Room and Kitchen \$100
Classroom \$20
Kitchen Only \$ 50
Park, Gazebo, and Church \$100
Deposit \$150.00
Must reserve space with activity form.

ACTIVITY FORM

(Please complete the entire form which helps staff with setup and end of year reporting)

Return activity form, activity fee, and damage deposit (separate checks) to the office.

A separate damage/cleaning check in the amount of \$150.00 is required for all **non-church** related activities. Your check will be refunded/shredded if no damage or additional cleaning is required after your event.

Required Information:

Name: _____

Phone Number: () _____

Contact Email: _____

Group or Organization: _____

Type of activity or event: _____

Date and time of activity: _____

Set up or decorating date and time: _____

Date and time you would like the Center to be open: _____

Total number of people attending: _____

Location: Church Lutheran Center Gym (seating capacity 120)

Please check the rooms needed:

Kitchen Fellowship Room (seating capacity 40) Classrooms (4 available) Stage Gazebo

The following items are available. Please check the ones needed.

Freezer Linen Tablecloths** 5'Round Table #needed ___
 Walk in Cooler Picnic Tables ** Serving Tables #needed ___
 30 C. Coffee Maker 100 C. Coffee Maker Card Tables #needed ___

** Soiled tablecloths are to be folded and left in the kitchen to be laundered by the kitchen committee.

** Picnic tables are to be returned to their original location.

** Collect all garbage and bring it to the dumpster. **Thank you for choosing Vasa to host your event!**

Questions???? Please don't hesitate to contact the church office at **(651-258-4327)**.

Signature: _____ **Date:** _____

*******OFFICE USE ONLY*******

Rental Payment: Date Received _____ Check # _____ Amount Paid \$ _____

Damage Deposit: Date Received _____ Check # _____ Amount Paid \$ _____

CC: Activity Folder Pastor Custodian Kitchen Committee