Peace Lutheran Church is mindful that the safety and health of all visitors are paramount. As part of its wellness strategy, Peace Lutheran is requiring groups who would like to use physical space at the church to submit this Building Use Request Form. Groups will be notified of the outcome once the request has been reviewed by the church council president and pastor. We thank you for considering how your group can best maintain health and safety.

**By submission of this form, Group Leader agrees to assume responsibility for monitoring health and safety procedures, including adherence to any physical distancing, capacity limits or face mask protocols, and clean-up of the physical space and equipment used by the group.**

|  |  |  |
| --- | --- | --- |
| **Group Leader Name:** | **Phone Number:** | **Email:** |
| Group Meeting Activity/Purpose: | Please provide a summary of the Group’s planned use for the space: |
| Requested Start date:  | \_\_\_\_\_\_ One-time activity | \_\_\_\_\_\_ On-going activityList frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Requested Space (check one): | \_\_\_\_\_\_ Fellowship Hall\_\_\_\_\_\_ Classrooms 4 and 5\_\_\_\_\_\_ Youth Room\_\_\_\_\_\_ Small Classroom\_\_\_\_\_\_ Conference Room\_\_\_\_\_\_ Choir Room\_\_\_\_\_\_ Sanctuary | Requested Equipment:\_\_\_\_\_\_ # of Chairs\_\_\_\_\_\_ # of Tables |
| We plan to offer refreshments\_\_\_\_\_\_ Yes\_\_\_\_\_\_ No | If Yes, describe refreshment plan:  |
| **Health and Safety Acknowledgements:** Group Leader, please ***initial*** the following acknowledgements. |
| \_\_\_\_\_\_\_ As the leader for this activity, I will remind participants that they should not attend if they have had **any** of the following new symptoms in the last seven days: fever or chills, cough (either new, or different than your usual cough), sore throat, shortness of breath, or any other flu-like symptoms. |
| \_\_\_\_\_\_\_ As the leader for this activity, I will remind participants that they should not attend if they have had close contact with a COVID positive individual **OR** any person experiencing any of the above listed symptoms in the past 14 days. |

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Group Leader Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Leadership Signature Date

We ask that the Group leader be mindful of all current Covid Protocols.

* Physical distancing: 6 feet as a general guideline
* Capacity: Please check with church leadership regarding current occupancy limits.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Physical Space** | **50%** **occupancy** | **60%** **occupancy** | **70%** **occupancy** | **80%** **occupancy** | **90%** **occupancy** | **1000%** **occupancy** |
| Fellowship Hall | 75 | 90 | 105 | 120 | 135 | 150 |
| Classrooms 4 and 5 | 35 | 43 | 50 | 57 | 64 | 71 |
| Youth Room | 20 | 25 | 29 | 33 | 37 | 41 |
| Small Classroom | 20 | 25 | 29 | 33 | 37 | 41 |
| Choir Room | 14 | 17 | 20 | 22 | 25 | 28 |
| Sanctuary | 108 | 130 | 151 | 173 | 194 | 216 |
| Conference Room | 8 | 10 | 12 | 14 | 15 | 17 |

* Face masks:
	+ Are expected if participants are not vaccinated.
	+ Are optional if participants are vaccinated.
	+ Are expected if participants will be singing.
* Refreshments:
	+ Pre-packaged snacks or beverages are recommended
* Covid notification: Group leader should email church leadership and group participants if there is a covid positive situation.