Holy Trinity Lutheran Church – Fellowship Hall Usage Agreement
4275 Lincoln Way W, Massillon, OH 44647 – (330)-832-5263
htmassillon.com – htbuildingusage@gmail.com
Building Manager (Jeff Kish) Phone: 330-284-2638, please text or call

Contact Information

Name of Person Making Reservation: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Contact (if different than above): _____

Phone: _____ Email: _____

Organization (e.g. Girl Scout Troop): _____

Phone: _____ Email: _____

Website: _____ Address: _____

City: _____ State: _____ Zip: _____

Event Details

Event Date: _____ Type of Event (e.g. Birthday Party, meeting): _____

Event Set-up Start Time: _____ Event Start Time: _____

Event End Time/Clean-up Start Time: _____ Event Clean-up End Time: _____

Total Hours of Event (from Event Set-up Start Time to Event Clean-up End Time): _____

For Scheduling Recurring Events, complete the following:

Weekly: ___. Monthly: ___. Yearly: ___. Other (give more detail): _____

Days of Week (check all that apply): Mon: ___. Tues:___. Wed:___. Thurs: ___. Fri: ___. Sat: ___. Sun: ___.

Recurring Event Details: _____

_____

Will alcohol be served? Yes: ___. No: ___. Will alcohol be sold? Yes: ___. No: ___.
If yes to either of the above, see the alcohol policy in the Facility Usage Guidelines.

User Responsibility

The individual using the facility is responsible for cleanup as described in the Facility Usage Guidelines. The individual using the facility must report damages to the Building Manager within 24 hours of the Event Clean-up End Time.

Approved by Church Council: 08/02/2026

Deposit

All events require a deposit to reserve the space and must be received with this completed form. Deposits must be made by check. Deposits are returned/voided at the end of the event unless there are damages, excessive mess, or the event is cancelled less than two weeks prior to the event date.
Damages and excessive mess are determined at the discretion of the Building Manager. **No Deposit for Active Church Members. Deposit for all others is $50.00.**

Fee Table

Facility/Service/Item	Fee	Event Cost
Holiday Fee (for Events scheduled on Holidays, see Usage Guidelines)	$75.00	
First Hour of All Events	$75.00	
- Additional Hours of All Events	$15.00/hr	
Total Event Fee		

Total Event Fee as calculated in the above table is due at least two weeks prior to the event date. If the Total Event Fee is not received two weeks prior to the event date, the event will be cancelled and the deposit will not be refunded.
Date Total Event Fee is due: _____

Active Church Member Free Will Offering

Active Church Members are not required to pay a total event fee. We ask that active members consider making a free will offering instead. If you are requesting optional set-up/tear-down from our Building Manager, please take this into account in your offering; we recommend an additional offering of at least $50.00. Please make your free will offering by two weeks prior to the event date to help us with our accounting. We also ask that you record your free will offering amount below to help us with our financial accountability and transparency.

Free Will Offering Amount: _____

Furniture Requirements

Furniture Description	Quantity Available	Quantity Requested
Round 6' Table (seats 8 people)	8	
Rectangular 8' Table (seats 8 people)	4	
Rectangular 6' Table (seats 6 people)	2	
Chairs	325	

Tables must be covered while in use. Please do not drag tables across the floor when moving them.
Furniture layout must be received by the Building Manager at least one week prior to the event date.
*Please note that the Fellowship Hall is not large enough to hold all the above furniture. Quantity of furniture will depend on the furniture layout.

Liability Release/Usage Agreement

The individual making the reservation for the use of Holy Trinity Lutheran Church facilities hereby absolves the church, its pastor, staff, council members, or church members of any liability for personal injury to any individual resulting from the use of the church facilities and agrees to be responsible for any property damage that results during the use of the facilities. The individual signing below accepts responsibility for all fees and has read and agrees to the Facility Usage Guidelines.
Signature: _____ Date: _____

For Office Use:

Date agreement and deposit were received: _____ Name of who received: _____

If required, Date Church Council Approved Event: _____

Date total event fee was received: _____ Name of who received: _____

Date free will offering was received: _____ Name of who received: _____

Date deposit was returned/voided: _____ Name of who returned/voided deposit: _____

Approved by Church Council: 08/02/2026