Request #_ Internal – assigned at time of submittal

INTERNAL

Facilities Use Request Augustus Lutheran Church

717 West Main St., Trappe PA 19426

Date of request	Committee			
Contact Name	Phone#		email	
Event Title			#of attendees	
Event Dates	St	tart time	End time	
Set up date/time	Ві	reakdown date/tin	ne	
Paper Goods/Coffee Requested? □	Yes 🗆 No	Date Supplies Request Submitted		
Set Up Requested? ☐ Yes ☐ No	0	Date Set Up Inst	tructions Submitted	
Room (s) Requested	Capacity			
☐ Fellowship Hall (no kitchen)	250			
☐ Fellowship Hall w/ kitchen	250			
☐ Recreation Hall w/kitchen	100			
□ Nave (church)	400			
☐ Chapel (as is)	50			
☐ Old Church	300			
☐ Classrooms (room #)	25			
□ Nursery	20			
□ Vestry Lounge	15			
· -				
Stipulations and Hold Harmless Ag		IF days in advance fo	or Vector approval	
 Please submit form to the church Please submit supplies requests a 				
3. The Undersigned agrees to act as	the Augustus Point of			
4. The Undersigned is responsible fo	-	I surface within the f	facility including walls, doors, and woodwork.	
4b. The kitchen dishwasher is ON		-	deme, moraling mane, decise, and moraline	
4c. Following your event, all light (including adjacent bathroon		tside doors are close	ed, and no water is running within the areas used	
I have read and agree to abide by	the stipulations list	ed above.		
	es, costs, or expenses v		utheran Church, their officers, agents and employee, incurred, or required arising out of the actions of the	
Authorized Signature			Date:	
Office use only: Date approved by V	/estry	bySe	exton Scheduled:	

neques	st #	Internal C	Committee Set Up R	<u>lequest</u>
Event:		Date:	Contact:	Pho
Food Serv	vice information: (circl	e all that apply)		
No food b	eing served	Snack and beverages	s only	
Some hea	iting use of kitchen equ			start time
Set- Up S	Style (8 ft. Tables)			
U- Shape	d# of chairs	# of tables	Use	room as is
Open Squ	are# of chairs	of tables	Thea	atre # of chairs
	Option	s: Podium	Projection Screen	Sound system/Mic.
Additiona	al notes:			
Please pr	ovide a drawing of γοι	ır desired set –up:		
Please pr	ovide a drawing of you	ır desired set –up:	Stage	
Please pr	ovide a drawing of you Fellowship Hall Kitchen	ur desired set –up:	Stage	
Please pr	Fellowship Hall	ır desired set –up:	Stage Fellowship Ha	all
Please pr	Fellowship Hall	ur desired set –up:		all
Please pr	Fellowship Hall	ur desired set –up:		all

Facilities Coordinator: Judi Lien <u>Judilien@comcast.net</u> Parish Administrator: Karen McClain <u>parishsec@oldaugustus.org</u>

*Please reference the assigned Request Number in written communication with Facilities personnel

Recreation Hall

Κ

T C H E N

		_				
Request #		Internal (Internal Committee Supplies Request			
Event:		Date:	Contact:	Phone:		
<u>Numbe</u>	er of Attendees Expected		Date Supplies Needed			
Cups						
	Hot Cups					
	Cold Cups					
Plates						
	Luncheon					
	Dinner					
	Dessert					
Bowls						
	Soup					
	Salad/fruit					
Napkir	ns					
	Luncheon					
	Dinner					
	Beverage/Dessert					
Plastic	ware					
	Forks					
	Knives					
	Spoons					
	Soup Spoons					
	Stirrers					
Bevera	ages/Condiments					
	Regular Coffee					
	Decaffeinated Coffee					
	Tea Bags					
	Lemonade					
		creamer (*note	, only dry non-dairy creamer will b	e provided if requested)		
	Salt & Pepper					

Table Covers

☐ Sterno

- ☐ Plastic Individual (white only)
- ☐ Plastic Roll (white only)
- ☐ Linen per WELCA
- Placemats

☐ ☐ ☐ Please Note:

Other

- The Facilities Coordinator will ensure that sufficient quantities of requested supplies are available based on the number of attendees.
- Supplies furnished by the church are the property of the church. Please return unused supplies to the cabinet.
- Submit this form with the Facilities Use Request form when possible. Changes/Updates should be communicated to the Facilities Coordinator no later than 20 days before your event.