

|                           |                |
|---------------------------|----------------|
| <b>Office Use Only:</b>   |                |
| Date received ___/___/___ | Priority _____ |
| Date entered ___/___/___  |                |
| Fee/Deposit paid _____    | Amount _____   |
| Info taken by _____       |                |

|             |
|-------------|
| Key # _____ |
|-------------|

## St. Paul's Lutheran Church Scheduling Request Form

Please fill out this form with your request for use of facilities during the coming year.  
It is important that you fill out this information exactly.

**Fee amount will be determined once form is received.**

Date \_\_\_/\_\_\_/\_\_\_

Event or reason you want to use our facility \_\_\_\_\_

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Fax \_\_\_\_\_

Work phone \_\_\_\_\_ E-mail \_\_\_\_\_

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What room(s) do you wish to use? \_\_\_\_\_

Second choice? \_\_\_\_\_

What date(s) do you require? From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (must be filled out)

**Setup Time will be \_\_\_\_\_ hrs before event. Cleanup time will be \_\_\_\_\_ hrs after event.**

What time does Event start & end? Starts: \_\_\_\_\_ (am pm) Ends: \_\_\_\_\_ (am pm)

What frequency? (daily, weekdays, 2<sup>nd</sup> Tuesday, monthly, etc.) \_\_\_\_\_

Are there any exceptions to the frequency? (Certain dates, months, etc) \_\_\_\_\_

Other Comments (number of tables, chairs, etc.) \_\_\_\_\_

***You are responsible for setup, takedown, and cleanup.***

**Please return this form to the Church Office as soon as possible. You will be informed if there are any changes to the schedule you requested. If there are any changes you need to make to this request, please contact the Office (721-0590) as soon as possible. All fees must be paid in advance to reserve date(s).**