

FACILITY USE REQUEST

BETHEL LUTHERAN CHURCH

This request is to be submitted to the church secretary at least 5 business days before the event.

TO BE COMPLETED BY SPONSOR:

1. Desired date of event: _____
2. Name of Group: _____
3. Activity and Purpose: _____
4. Facilities Requested: Sanctuary, Conference Room, Youth Room,
 Fellowship Hall (south), Fellowship Hall (north), Gym,
 Other: _____
5. Size of Group: Adults: _____ Children: _____
6. If kitchen is needed, explain needs: _____
7. Time Schedule: Begins: _____ Est. Ends: _____
8. Equipment to be used: Tables _____, Chairs _____, TV: _____,
Sound System: _____, Projector/Screen: _____, Piano: _____, Organ: _____
9. If sponsor will not be present, name of designee: _____
10. Request to serve alcoholic beverages (types): _____

I have read and I understand the FACILITY USE POLICY

Signature of Sponsor: _____ Date: _____

For office use:

Date request received: _____

Rooms approved: _____

Approved by: _____ Date: _____

Keys given to: _____ Date: _____

Keys returned date: _____