

Office Use Only:	
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 _____

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, 2nd 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).