MESSIAH LUTHERAN CHURCH
FACILITIES USAGE REQUEST FORM

REQUEST DESCRIPTION:

Date of Request _____

Name or Organization* _____

What portion(s) of the facilities are you requesting to use? _____

_____

For What Purpose?_____

_____

Will you derive income through admission fees, sales, etc from this meeting? Yes ___ No ___

Date(s) Required_____

Times of meeting **Start**_____ **End**_____

Start_____ **End**_____

Advance set up **Date**_____ **Time**_____

CONTACT INFORMATION:

Name_____**Member? Yes**____**No** _____

Address_____

Phone _____

e-mail _____

***I/We understand that we shall leave the building in the condition that it was in when we arrived, turn off the lights, and adjust the thermostats back for heating or air conditioning. X**_____

DISPOSITION:

Approved by_____**Date:** _____

Referred to Council:Yes____**No**____ **Date:**_____

Council Response_____

_____