

ZION EVANGELICAL LUTHERAN CHURCH OF ENOLA REQUEST TO USE FACILITIES

CONTACT PERSON INFORMATION

Name:		
Current address:		
City:	State:	ZIP Code:
Phone (Home) :	Phone (Work) :	Phone (Mobile) :
Email Address:		

REQUEST INFORMATION

Request Received Date:	Event Date:	
Event Date:	Time Start (AM/PM) :	Time End: (AM/PM) :
One Time Use (YES/No) :	Recurrence Period:	
Purpose of Event:		
Special Arrangements Needed:		
Estimate Attendance:	Adults:	Youth Children under 18:

FACILITY/SPACE REQUESTED (PLACE AN X NEXT TO ALL FACILITIES THAT WILL BE USED)

Choir Room	<input type="checkbox"/>	Nursery	<input type="checkbox"/>	Fellowship Hall	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Library/Lounge	<input type="checkbox"/>	2 nd Floor Classroom	<input type="checkbox"/>
Lawn Area	<input type="checkbox"/>	Lower Parking	<input type="checkbox"/>	Upper Parking	<input type="checkbox"/>						

PERSONNEL NEEDED (PLACE AN X TO PERSONNEL NEEDED)

Name:					
Sexton	<input type="checkbox"/>	Audio/Visual Tech	<input type="checkbox"/>	Volunteers from Church	<input type="checkbox"/>

SIGNATURES

By signing this request you are indicating you have read and agree to abide by the Facilities Policies and Guidelines. You are also agreeing to the Contact Person for this event as outlined in the Facilities Policy and Guidelines document.

Signature of Applicant:	Date:
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Note: All building use requests must be submitted at least one month prior to facility use.

OFFICE USE ONLY

Date Received:	Deposit Received \$
Approval Date:	Fee Collected \$
Person Opening and Closing:	Fee Collected \$
Sexton Notified:	Notes:
AV/Technician:	
WOZ Notified:	
Requester Notified:	