

Zion Evangelical Lutheran Church of Enola
Request to Use Facilities
732-9652

Request Received Date	Event Date	Time Start	Time End
		am/pm	am/pm
One time use – Yes ___ No ___ Recurrence Period:			
Purpose of Event:			
Special Arrangements Needed:			
Estimated Attendance: Adults ___ Youth/Children under 18 ___			
Facility/Space Requested – Mark all which will be used			
Choir room		Nursery	Lower parking area
Fellowship Hall		Lawn area	2nd Floor Classroom
Kitchen		Library/Lounge	Upper parking area
Personnel Needed			
Sexton		Audio/Visual Tech	Women of Zion

Contact Person Information			
Name			
Address			
City, State, Zip	City	State	Zip
Phone	Home	Office	Cell
Email Address			

***Signature** _____

Date

* 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 be the Contact Person for this event as outlined in Section 5.0 of the Facilities Policy and Guidelines

NOTE: All building use requests must be submitted at least one month prior to facility use.

OFFICE USE: - Date Received _____	Deposit Received \$ _____
Approval Date _____	Fee Collected \$ _____
Person opening/closing _____	Fee Collected \$ _____
Sexton Notified _____	
A/V Technician _____	
WOZ Notified _____	
Requester Notified _____	