

**FACILITY REQUEST FORM -- MEMBER/STAFF
ST. PETER'S LUTHERAN CHURCH AND SCHOOL**

EVENT NAME: _____ CHURCH _____ SCHOOL _____ GROUP OR BOARD: _____

REQUESTED BY: _____ Phone: (Hm) _____ (Wk) _____ DATE: _____

EVENT DATE(S)			DAY(S) OF WEEK	SET UP TIME	BEGIN TIME	END TIME
1ST CHOICE				AM PM	AM PM	AM PM
	<i>Month</i>	<i>Day</i>	<i>Year</i>			
On-going Event: Beginning Date			Ending Date	Weekly Event - Number Weeks		

WEDDING REHEARSAL					AM PM	AM PM	AM PM
	<i>Month</i>	<i>Day</i>	<i>Year</i>	DAY(S) OF WEEK	SET UP TIME	BEGIN TIME	END TIME

ROOM(S) REQUESTED: _____ Approximate Number Expected at Event: _____

OFF-SITE LOCATION: _____ PHONE _____
(Address)

NEEDED:	Circle No or Yes		If Yes, Complete This Section
Bulletin Calendar	NO	YES	Week of Event: _____
Bulletin Insert	NO	YES	Dates of Insert: _____
Newsletter Article	NO	YES	List Month _____
Kitchen Use	NO	YES	If Yes, Complete Page 2
Child Care/Nursery	NO	YES	If Yes, Complete Child Care Section, Page 2
Sound Technician	NO	YES	If Yes, List Special Equipment, Page 2
Advertising in Glass Walkway	NO	YES	See Instructions; Complete Page 3
Table(s) in Glass Walkway for Sign-ups or Sales	NO	YES	See Instructions; Complete Page 3
Additional Equipment Use	NO	YES	If Yes, Complete Page 2

THIS SECTION MUST BE COMPLETED AND SIGNED

Applicant is responsible for room arrangement, including table & chair set up and take down, decorations, replacing all items used, and cleanup following policy guidelines. Please list your committee responsible for room arrangement and cleanup and their telephone number(s).

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

_____ This event does not require any of the room arrangements described above.

Please Sign This Section as Chairperson. _____ Phone _____
Signature

OFFICE USE ONLY
FEE: \$ _____ DATE DUE: _____
DEPOSIT: \$ _____ DATE PAID: _____
BAL DUE: \$ _____ DATE PAID: _____

OFFICE USE ONLY
Calendar(s): Master _____ PC _____ DATE: _____ / _____ / _____
ROUTE TO:
Calendar _____ Newsletter _____ Custodial Supervisor _____
Sound Technician _____ Date _____
Child Care _____ Date _____
Kitchen Coordinator _____ Date _____
DATE APPROVED: _____ / _____ / _____ BY _____
CC: Responsible Party _____
Other: _____

FELLOWSHIP HALL (Maximum Capacity - 400)	NUMBER REQUESTED	SANCTUARY (Maximum Capacity - 350)	NUMBER REQUESTED
Microphones Hand-held		Microphones Hand-held	
Microphones Free standing		Microphones Free standing	
Microphones Lapel		Microphones Lapel	
Podium		Podium	
Piano (Grand)		Organ	
Piano (Upright)		Piano (Grand)	
Candelabra		Candelabra	
Movie Screen (Large pull down)		Candlesticks (Altar)	
Overhead Projector		Overhead Projector	
Sound Equipment		Soundroom	
TV/VCR		TV/VCR	
Movie Screen (Free-standing)		Movie Screen (Free-standing)	
Other miscellaneous equipment (Please list)		Other miscellaneous equipment (Please list)	
KITCHEN	NUMBER REQUESTED	CHILD CARE	
Stove/Griddles		Number of Children	
Punchbowl(s)			
Coffee Pot(s)			
HALL AREA	NUMBER REQUESTED	Areas Requested:	
Table(s)		ECC Bldg.	
Chairs(s)		Quad	
Divider(s)		Ball Fields	
		Fellowship Hall	
		COORDINATOR USE ONLY Number of Providers Needed: _____	

FELLOWSHIP HALL INFORMATION ONLY

NUMBER OF GUESTS YOU PLAN TO SEAT AT TABLES: _____

NUMBER OF GUESTS YOU PLAN TO SEAT AUDITORIUM STYLE _____

NOTE: ADVERTISING AND/OR TABLES IN THE WALKWAY MUST BE APPROVED (See instructions)

**St. Peter's Lutheran Church And School
FACILITY REQUEST**

TABLE ASSIGNMENT AND/OR ADVERTISING AUTHORIZATION FORM

IF YOUR EVENT REQUIRES ADVERTISING OR THE USE OF TABLES IN THE WALKWAY FOR SIGN-UPS, SALE OF TICKETS OR ANY OTHER ITEMS, YOU MUST FILL OUT A TABLE ASSIGNMENT AND/OR ADVERTISING AUTHORIZATION FORM. ALL FORMS MUST BE APPROVED BY THE CHURCH ADMINISTRATOR. IF THIS IS A SCHOOL EVENT, THE FORM MUST FIRST BE APPROVED BY THE SCHOOL ADMINISTRATOR, THEN THE CHURCH ADMINISTRATOR. THE "APPROVED" FORM AND A TABLE ASSIGNMENT CARD MUST BE DISPLAYED ON THE TABLE(S) DURING THE TIMES THEY ARE IN THE WALKWAY. FOLLOW THE INSTRUCTIONS FOUND ON INSTRUCTION SHEET.

All approved events requesting a table for sales or sign-ups, must fill out this request. Select the location of your table(s) from the diagram below, indicate which service your table will be out, and if the table(s) will be manned.

All approved events desiring to advertise (such as posters) must fill out this request and select one of the two areas indicated in the diagram below. Indicate the dates you wish advertising placed in the walkway. Please submit a copy of the advertising material for approval. PLEASE COMPLETE THE FOLLOWING:

Name of Event: _____ Date of Event _____ Chairman/Leader _____ Church or School _____
(Circle one)

Check one or both:
 ADVERTISING TABLE(S) # of Tables: _____ **Services desired: 8:30, 10:00, 11:15 a.m.; 6:00 p.m.**
 [Circle choice(s)]

Dates desired: _____ and _____ Will tables be manned? YES NO

