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?_____

_____

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 _____

DISPOSITION:

Approved by _____Date:_____

Referred to Council: Yes No Date: _____

Council Response _____