

Faith Lutheran Church

224 Benton Street ~ Leavenworth, WA 98826 ~ 509-548-7010

FACILITY REQUEST FORM

Today's date: _____

Group or Individual making request: _____

Contact Person name: _____

Contact Address: _____

Contact Phone: _____ Cell Phone: _____

Email: _____

Facility request information

Target Audience: _____

Describe **in detail** the purpose of facility use: _____

DATE & TIME REQUESTED (include time for set up and clean up)

Start Date(s) _____ End date: _____ (end date for a long-term rental)

Which day(s) of the week: Mon Tue Wed Thurs Fri Sat Sun *(check all that apply)*

Time of day being used FROM _____ am / pm TO _____ am / pm

Frequency: One Time Only Weekly Monthly Other: _____

Facilities Requested: *(please check all that apply)*

___ Sanctuary (with or without piano/organ or sound system)

___ Fellowship Hall (large group meeting room) `

___ Kitchen

___ Other (list: _____)

Anticipated Number of Participants: _____ Will food or drink be consumed? Yes No

Equipment Needs:

Tables: # _____ Chairs: # _____ Other: _____

Contact Person Signature _____ **Date:** _____