

**MEMBER
HOLY NATIVITY LUTHERAN CHURCH
REQUEST FOR FACILITIES USE (rev8/09)- MEMBERS**

Person's Requesting use of Facility_____.

Date of Event_____.

One Time Event? _____ **OR Recurring Event?** _____ **Explain below:**

_____.

Set-up Time Needed_____.

Time of Event_____.

Time For Clean Up & Take Down_____.

Rooms and Areas Requested_____.

Contact Person_____ **PHONE #** _____.

E-MAIL: _____ **Church Member? Yes or ___No___**

Arrangements Must Be Made With Fellowship For Use of Kitchen.

KEY(S) ASSIGNED TO: _____

	Name	Phone
Number		

AGREEMENT: _____

COMMENTS:

Approval By:_____.