

BOX FOR OFFICE USE ONLY

**Trinity Lutheran Church & School**

**FACILITY RESERVATION FORM**

[ Please fill in all blanks. If it does not apply to your case, put NA. ]

Date Submitted \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization making request: \_\_\_\_\_ # of People: \_\_\_\_\_

Facility requested:(be specific) \_\_\_\_\_ Number of hours for set-up \_\_\_\_\_

Date(s) requested: \_\_\_\_\_ Start Time/End Time \_\_\_\_\_

Type Function\*: [Circle all appropriate] Class Meeting Meal Party Reception Dance Program

Kitchen needed? Yes No Coffee needed? Yes, \_\_\_\_\_pots No Utensils needed? See details next line.

[ Circle: Reg. Plates, Divided Plates, Dessert Plates, Bowls, Forks, Spoons, Knives, Napkins, 8 oz cups, 12 oz glasses ]

Technical equipment needed? Yes No

*IF ANY TECH EQUIPMENT IS NEEDED, DO NOT TURN IN THIS FORM UNTIL YOU HAVE SPOKEN WITH THE TLC&S TECHNICAL COORDINATOR, SEAN BOWEN AT EXTENSION 129. THANKS !!*

Description of Event: \_\_\_\_\_

Recurring event: YES NO

To better serve you and your organization, please, fill out the form completely. By providing us with as much detail as you can, it will go a long way in making your event a success. Thanks !

\* \* \* Please turn this form in at least two weeks in advance to the Church Office. \* \* \*