

Grace Lutheran Church & School, La Plata, MD
Request for Use of Facility

Date of Application _____

Name of Organization or Person Requesting Use: _____

Address: _____

Primary Contact: _____ Cell: _____

Email: _____ Other: _____

Secondary Contact: _____ Cell: _____

Email: _____ Other: _____

Sponsoring Grace Member: _____ Cell: _____

Email: _____ Other: _____

EVENT INFORMATION

Member of Grace Yes No

Church-Organized Event Yes No

Purpose of Event: _____

Schedule Requirements: Daily Weekly Monthly Yearly Single Event
(1st choice) (2nd choice)

Date Requested _____

Time Frame (incl setup/clean-up) _____

Actual Time of Event _____

Number of People attending Adults: _____ Children _____

Will food and drink be served? Yes No

Will kitchen facilities be needed? Yes No

Equipment needed: TV/VCR Organ Sound System

Tables (Number needed) _____

Chairs (Number needed) _____

Rooms Requested: _____

112 (cafe), 116 (conference room), FLC (family life center), sanctuary, other (please specify)