



APPLICATION FOR USE OF MARCO LUTHERAN CHURCH FACILITIES
 525 N. Collier Blvd. Marco Island, FL 34145 • Phone: 239-394-0332 • Fax: 239-394-9073

REQUEST/ SUBMISSION DATE _____

Contact Name: _____ Church Member? YES NO

Committee /Board Name: _____ Organization Name: _____

Contact Telephone: _____ Contact Email: _____

Address: _____

Event Name: _____ Event Date(s): _____

Reoccurring Event? YES NO Every: _____ from _____ to _____

Event start time: _____ End time: _____

Circle room (s) needed. If multiple rooms are needed *simultaneously*, circle all that apply.

- | | | | |
|---------------------------|------------------|-------------------|----------------------|
| GREAT ROOM / STAGE | KITCHEN | CHOIR ROOM | CLASSROOM |
| CONFERENCE ROOM | SANCTUARY | NARTHEX | ENTIRE CHURCH |

Other location, circle all that apply. **MEMORIAL GARDENS** **PARKING LOT**

Do you need any special services? (stage lights, screen projection, computer/audio/visual, streaming) YES NO
 If yes, please describe _____

Do you or your organization have proof of insurance? YES NO

Expected attendance: _____ Will you use a caterer? YES NO

Please describe your event. Describe seating and/ or table arrangements or set-up request (diagram any special set-up needed on reverse or attach a sketch) (Please be prepared to assist with your own set-up & tear down, if needed) _____

FOR CHURCH OFFICE & BOARD OF PROPERTIES USE ONLY

CHURCH OFFICE:

Room(s) available at time of request? YES NO → Room conflict _____

Alternative availability _____

BOARD OF PROPERTIES:

Date received for consideration _____ Usage approved? YES NO

Date approved or denied by Board of Properties _____ Usage/Event Fee amount (total due) _____

Deposit received _____ Received by _____

Proof of insurance submitted _____ Special Considerations _____

BOARD OF PROPERTIES:

Date event was added to:

COMPUTER: _____ WEBSITE: _____ OFFICE BOARDS: _____

SPECIAL INSTRUCTIONS: _____

SPECIAL SEATING/TABLE ARRANGEMENTS OR ROOM SET-UP DIAGRAM:

