



CALENDAR & FACILITIES REQUEST FORM

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Ministry or Organization Name: _____

Event / Meeting Name: _____

Date of Event / Meeting: _____

Start and End Time: _____

(Does your event have numerous dates and times? _____

Please clarify here.) _____

Specific Room(s) Requested: _____

Expected Attendance: _____

Number of Armed Chairs Needed: _____

Number of Standard Chairs Needed: _____

Number of Round Tables Needed: _____

Number of Rectangular Tables Needed: _____

Do you request the use of the kitchen? _____

Do you request the use tech equipment? _____

The purpose of this Calendar & Facilities Request Form is 1) recieve permission to use Salem Lutheran Church space, and 2) submit your event or activity to be placed on the Salem Lutheran Calendar.

In order to ensure that each ministry and event is able to make use of Salem Lutheran Church it's important that we steward well what we've been given. For proper stewardship, permission to use Salem Lutheran Church facilities must be given by the Office Coordinator. This applies to all events and rehearsals.

You must submit this form a minimum of two weeks prior to the proposed start date of your event.

Authorized Signature: _____

Date of Authorization: _____

Brenda Newcomb Meghan Peterson Nathan Reimer (if set-up needed)