| **HOSANNA LUTHERAN CHURCH**  Facilities Usage Form | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please provide As much of the following information as possible. for assistance, please contact the Office Manager. | | | | | | | | | | | | | | | |
| **Individual/Organization information** | | | | | | | | | | | | | | | |
| Organization Name: | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| City: | | State: | | | | | | | | | ZIP Code: | | | | |
| Phone: | | | | | | | Fax: | | | | | | | | |
| Website/E-mail: | | | | | | | | | | | | | | | |
| Is your group a Non-profit 501(c)(3)? | | | | | Yes No | | | Tax ID Number: | | | | | | | |
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| **Primary Contact Person** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Title | First Name | | Middle Name | | | | | | | Last Name | | | | | Suffix |
|  | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| City: | | State: | | | | | | | | | ZIP Code: | | | | |
| Office Phone: | | | | | | | Cell Phone: | | | | | | | | |
| E-mail: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Event Information**  **(Please Use Reverse For Multiple Event Dates & Times)** | | | | | | | | | | | | | | | |
| Date Requested: | | | | | | Start Time: | | | | | | | End Time: | | |
| Frequency (Please Circle One): | | | | One-Time Only | | | | | Weekly | | | Monthly | | Other | |
| For Weekly Reoccurrence, Day(s) of the Week: | | | | | | | | | | | | | | | |
| Event Description: | | | | | | | | | | | | | | | |
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| Rooms Requested: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Will food or drink be consumed? | | | | | Yes No | | | Est. number of participants: | | | | | | | |
| Special Requests: | | | | | | | | | | | | | | | |
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| **For Office Use Only** | | | | | | |
| Fee: | $ | Date Paid: |  | | Check # |  |
| Approved By: |  | | | Date: |  | |

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| Date Requested: | | | Start Time: | | | | End Time: | |
| Frequency (Please Circle One): | One-Time Only | | | | Weekly | Monthly | | Other |
| For Weekly Reoccurrence, Day(s) of the Week: | | | | | | | | |
| Event Description: | | | | | | | | |
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|  | | | | | | | | |
| Rooms Requested: | | | | | | | | |
| Will food or drink be consumed? | | Yes No | | Est. number of participants: | | | | |
| Special Requests: | | | | | | | | |
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| **Event Information** | | | | | | | | |
| Date Requested: | | | Start Time: | | | | End Time: | |
| Frequency (Please Circle One): | One-Time Only | | | | Weekly | Monthly | | Other |
| For Weekly Reoccurrence, Day(s) of the Week: | | | | | | | | |
| Event Description: | | | | | | | | |
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| Rooms Requested: | | | | | | | | |
| Will food or drink be consumed? | | Yes No | | Est. number of participants: | | | | |
| Special Requests: | | | | | | | | |
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| **Event Information** | | | | | | | | |
| Date Requested: | | | Start Time: | | | | End Time: | |
| Frequency (Please Circle One): | One-Time Only | | | | Weekly | Monthly | | Other |
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| Event Description: | | | | | | | | |
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| Rooms Requested: | | | | | | | | |
| Will food or drink be consumed? | | Yes No | | Est. number of participants: | | | | |
| Special Requests: | | | | | | | | |
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