| **HOSANNA LUTHERAN CHURCH**Facilities Usage Form |
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| 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: |
|  |
| **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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| **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 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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| Rooms Requested: |
| Will food or drink be consumed? | Yes No | Est. number of participants: |
| Special Requests: |
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