

# Shalom Facility Request Form – Community Life Center (CLC)

TODAY'S DATE: \_\_\_\_\_

## EVENT INFORMATION:

Ministry Group: \_\_\_\_\_

Event Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

\*\*Event Start Time: \_\_\_\_\_ AM/PM

Event End Time: \_\_\_\_\_ AM/PM

\*\*Set-Up Time: \_\_\_\_\_ AM/PM

Take-Down Time: \_\_\_\_\_ AM/PM

## ROOM(S) REQUESTED:

- Room 201
- Room 202
- Room 203
- Room 204
- Kitchen (See Contract)

**PLEASE NOTE:** If you would like to request use of the **MAIN BUILDING**, please request the appropriate form. Thank You.

## EQUIPMENT REQUESTED:

- Table(s) How many? \_\_\_\_\_ Circle: 6' or 8'
- Chair(s) How many? \_\_\_\_\_ Type? \_\_\_\_\_
- Podium
- Music Stand(s) How many? \_\_\_\_\_
- Sound System – How many microphones? \_\_\_\_\_
- Projection Screen
- Overhead Projector
- TV
- VCR
- Video Projector
- DVD Player

SET-UP REQUESTED: Please draw a detailed diagram and attach to this request form.

## CONTACT INFORMATION:

Name \_\_\_\_\_

Phone (Day) \_\_\_\_\_

Address \_\_\_\_\_

Phone (Night) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Fax \_\_\_\_\_

**\*\*If this event occurs after normal business hours, a key may be required along with a \$50 refundable deposit.**

**This key will be issued no more than 48 hours before the event and should be returned within 48 hours of the event completion. Return completed form to Shalom Lutheran Church 1740 East M36, Pinckney, MI 48169**

**• 734-878-6859 • Fax 734-878-4219 • www.shalomlife.org**