

Shalom Facility Request Form – MAIN BUILDING

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 105/106/107/LOTWA Elem.
- Room 110 – Resource Room
- Room 114/116 – LOTWA Kinder.
- Room 115/117 – LOTWA Pre-School
- Room 118 - Nursery
- Room 119 – Rein Café

- Worship Center
- Lobby

PLEASE NOTE: If you would like to request use of the **COMMUNITY LIFE CENTER (CLC)**, please request the appropriate form. Thank You.

EQUIPMENT REQUESTED:

- Table(s) How many? _____ Circle: 6' or 8'
- Chair(s) How many? _____
- Podium
- Music Stand(s) How many? _____
- Sound System – How many microphones? _____
- Projection Screen
- Overhead Projector
- TV
- Video Projector
- VCR
- 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. Please return completed form to Shalom Lutheran Church 1740 East M36, Pinckney, MI 48169**

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

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Business Admin. Approval _____ Reservation # _____ Confirmed by _____ Date _____