

St. Matthew Lutheran Church and School
Facilities / Activity Request Form

Event/Activity: _____

Sponsoring Group: _____

Contact Name: _____

Contact Telephone: Home: _____ Cell: _____

Date (s) of Event/Activity: Month: _____ Day (s) _____ Year: _____

Time of event: Set Up Time: _____
Start Time: _____
Ending Time: _____
Expected time of exiting building: _____

Location of Event:
Sanctuary _____ Luther Hall Kitchen _____ School _____
Chapel _____ Krueger Hall _____ School Kitchen _____
Luther Hall _____ Krueger Hall Kitchen _____ School Classroom (s) _____
Other: _____ (please identify)
Outside Facility: _____ (please identify)

Entrances/Exits: 1 2 3 4 5 6 7 7A 8 9 10 11 12 13 (please circle)

Parking:
East Side _____ North Side _____
West Side _____ South Side _____

Set Up Diagram: yes _____ no _____ (Attach to this document)

Tables Round: _____ Tables 8': _____ Chairs: _____ Podium: _____

Special Needs:
Pastor: _____ Custodian: _____ Supervisor: _____
Organist: _____ Secretary: _____ Duplicating Services: _____

Media Request:
Sound System: _____ Projector/Screen: _____ Virtual Meeting: _____
Video Board**: _____ Microphone: _____ Live Streaming: _____
Other: _____

**Video Board Request requires a 48 hour notice and materials

Cost/Charge:

Permits: yes/no
Permits Secured: yes/no
Certificate of Insurance yes/no (attach to document)

Request Received: _____
Approval/Denial: _____
Returned to requested party: _____

Placed On: Calendar: _____
Placed On: Web Site: _____

Please return to the church or school office. Thank you!

