

St. Matthew Lutheran Church and School
Facilities 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 _____ Chapel _____
Luther Hall _____ Luther Hall Kitchen _____
Krueger Hall _____ Krueger Hall Kitchen _____
School _____ School 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 _____ West Side _____ North Side _____ South Side _____

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

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

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

