

Lake Wisconsin Evangelical Free Church
Use of Church Facilities Request Form

Today's Date: _____

Responsible Church Member

Name _____

Address _____

Phone _____

Email (if available) _____

Event Planner (if different)

Name _____

Address _____

Phone _____

Email (if available) _____

Name of Event _____

Date of Event _____

I have consulted church secretary regarding this date.

Event Start Time _____ End Time _____

Set-Up Time (note if day prior) _____

Number of People _____

Facility Requested

_____ Worship Center

_____ Multi-Purpose Room

_____ Kitchen (if caterer, give name & phone _____)

_____ Classroom (how many / specify) _____

_____ Nursery (name of attendant _____,

& age (if under 21) _____)

_____ Other: _____

Do you need A/V or sound? Specify.

Do you need set-up assistance for dining or classroom? Specify.

If you desire to be married at LWEFC contact:

Ceremony – Pastor Brian Erickson 592-3091

Music/Sound – Daniel Yeh 592-3240

Kitchen/Dining – Serena Walters, 592-5049

Church Secretary – Kelly Jo Lynch, 592-3091

Please put completed form in the Trustee mailbox.

Review of this request will be made at the next Trustee Meeting.

I have received and understand the Policy for Use of Church Facilities.

I will be attending the event. Yes / No

Name _____ Date _____

(office use: review date _____ initial _____ Yes _____ No _____)