

Beitel Memorial Lutheran Church

Facilities Use Request Form

Date and Time of Request: _____

Preference: Sanctuary (weddings only)

Fellowship Hall: (Circle one) Main Room Classrooms

Disciples Den

Other: _____

Name: _____ (Circle one) Member Non-member

Organization or Committee: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Coordinator/Contact Name & Phone (if different than above): _____

Date of Event: _____ Time: ____: ____ (Circle one) AM PM to ____: ____ (Circle one) AM PM

Intended use of facility: _____

Will you need use of a kitchen? _____

If this is a regularly scheduled event, please list day of the month, frequency and time:

(example: 3 Monday at 7:00 PM) _____

Number of people attending: _____

Are alcoholic beverages to be served? (Fellowship Hall only) _____

(Alcohol is allowed at non-church functions only)

If so, what kind? Beer, Wine or both: _____

**All requests are subject to approval of the Facilities Review Committee and
contingent on the availability of rooms.**

FOR OFFICE USE ONLY

CAT 1

CAT 2

CAT 3

CAT 4

Confirmation letter sent on _____

Request denied because _____