

ACTIVITY SCHEDULING/ROOM USE REQUEST FORM (short)

Please return this form to the Administrative Assistant

for use by **church groups and staff** of
House of Prayer Lutheran Church
612-866-8471

Activity Information

Date/s Needed: _____

(e.g. Friday, March 13th or "the first Thursday of each month")

Your Organization or Group: _____

Name of Event: _____

Do you need set-up time? no/yes If yes: _____ hours/minutes

Event Start Time: ____:____ am/pm

Event End Time: ____:____ am/pm

Do you need clean up time? no/yes If yes: _____ hours/minutes

Room/s Needed: _____

Number of persons expected to attend: _____

Contact Information

Today's Date: _____

Your Name: _____

Your Email Address: _____

Your Phone Number: _____

Specific Needs: Please sketch and label clear directions in space below for how you would like Ramo to set up the room. Include tables, chairs, TV, DVD player, projector, screen, laptop, etc. Use the back of this sheet if necessary.

As primary contact for this event, I agree to take responsibility for the following:

- 1) Turning off lights and appliances used.
- 2) Leaving area in the same condition as I found it or better.
- 3) Locking the building when leaving. (Use hex key attached to exterior doors to lock up. Recheck the door from the outside to be sure it is securely locked.)

Signed _____

Date _____

FOR OFFICE USE ONLY

Date received _____

Notes:

Entered in church calendar _____

Staff Initials _____