

Living Hope Building Usage Request for Regular Attenders

This form must be completed and returned to the church office at least two (2) weeks prior to the event.

Requested by: _____ Phone: _____

Date(s) of Usage: _____ Event Name: _____

Start Time: _____ **Advertise:** Yes / No **Approximate Ending Time for Event:** _____

Date and Time room needs to be set up by: _____

Room(s) requested: _____ Expected Attendance: _____

Set up information is located on back of form.

I have circled YES to “Advertise” my event. Please place the following text in the Weekly:

You may also Fax to 235-9565 or Email: Publications@livinghopewillmar.org*Maximum: 50 typed words /deadline – 2 weeks prior to event

- Additional requirements:** (Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Church Key (Key card # _____) | <input type="checkbox"/> LCD projector |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Projection cart w/DVD & screen |
| <input type="checkbox"/> Music stand(s) | <input type="checkbox"/> Display/Serving Table(s) |
| <input type="checkbox"/> Sound Tech needed (see attached page/back) ☆ | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Translating/ear buds & Translation machine (must have own translator) | <input type="checkbox"/> Other _____ |

Signature of person completing this form: _____ **DUE TO FOOD ALLERGIES: No nuts in food items allowed!**

_____ Date: _____

For Office Use Only: Cost Agreed Upon: _____ Details: _____

Person taking the request: _____ Date: _____

Approved request and added to calendar Tami Sue Comm. Other _____ Policy Form signed _____ Date _____
Copy given to person requesting _____

If you have any questions, please contact the Living Hope office at 235-4317
1305 19th Avenue SW ~ Willmar, MN 56201 ~ www.livinghopewillmar.org

**MAY GOD BE GLORIFIED IN EACH AND EVERY EVENT TAKING PLACE
IN THE LIVING HOPE FACILITY.**

