

FACILITIES REQUEST FORM

Day & Date of Event _____

Recurring Event? _____

SILVERDALE LUTHERAN CHURCH

Group/Event Name _____ Estimated # guests _____

Main Contact Name _____ Phone _____ Email _____

Set up time _____ Event Start _____ Event End/Cleanup _____ Departure _____

For after office hours events:

Unlock Name _____

Lockup Name _____

Phone _____

Phone _____

Email _____

Email _____

AREAS REQUESTED

Main Building

<input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Kitchen <input type="checkbox"/> Sanctuary <input type="checkbox"/> Study <input type="checkbox"/> Room 4 <input type="checkbox"/> Nursery <input type="checkbox"/> Classroom/s (which ones)	Notes: _____
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Gathering Place

<input type="checkbox"/> Big Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Foyer <input type="checkbox"/> Classroom/s (which ones) <input type="checkbox"/> Outside Lawn <input type="checkbox"/> Fire Pit	Notes: _____
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EQUIPMENT REQUESTED

# of Round Tables	Chairs per table	Miscellaneous	AV Equipment	Kitchen Equipment
5' _____	_____	# Easels _____	<input type="checkbox"/> Projector	<input type="checkbox"/> Ovens
4' _____	_____		<input type="checkbox"/> Screen	<input type="checkbox"/> Dishwasher
# of 4' rectangle tables			<input type="checkbox"/> Wireless mics	<input type="checkbox"/> Chafing Dishes
_____	_____		<input type="checkbox"/> Handheld mics	<input type="checkbox"/> Tablecloths # _____
# of 6' rectangle tables			<input type="checkbox"/> Owl	<input type="checkbox"/> Plates, cups, glasses, flatware
Speaker _____			<input type="checkbox"/> Livestream	
Buffet _____				
Display _____				

NOTES