



## FACILITY REQUEST FORM

**Rev. Dirk Hagmaier**  
**Rev. Constanze Hagmaier**

### Contact Person

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

### Event Information

EVENT NAME \_\_\_\_\_

EVENT TYPE \_\_\_\_\_ ESTIMATED NUMBER OF PARTICIPANTS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

START TIME \_\_\_\_\_ END TIME \_\_\_\_\_

SETUP TIME \_\_\_\_\_ CLEANUP TIME \_\_\_\_\_

GROUP/MINISTRY SPONSOR     Outside Group         Ministry    MINISTRY SPONSOR (i.e. scouts, women's, youth) \_\_\_\_\_

AMOUNT OF MONEY TO BE COLLECTED \_\_\_\_\_ Please see the Building Use Policy for more information on fees and services.

WHAT SORT OF EVENT IS THIS?     One Time         Recurring

#### If Event is Recurring

EVENT DAYS (check all that apply)

- Monday         Friday
- Tuesday        Saturday
- Wednesday     Sunday
- Thursday

EVENT FREQUENCY (check all that apply)

- First                       Fifth
- Second                    Every Week
- Third                      Every Other Week
- Fourth

### Room Information

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Church Office | <input type="checkbox"/> Conference Room   | <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Fireside Room |
| <input type="checkbox"/> Narthex       | <input type="checkbox"/> Nursery           | <input type="checkbox"/> Room 8          | <input type="checkbox"/> Room 18       |
| <input type="checkbox"/> Sanctuary     | <input type="checkbox"/> Sanctuary Balcony | <input type="checkbox"/> Sonshine        | <input type="checkbox"/> Youth Room    |

DO YOU NEED TO USE THE KITCHEN?     Yes     No    WILL YOU NEED AUDIO/VISUAL EQUIPMENT?     Yes     No    OTHER EQUIPMENT \_\_\_\_\_

#### Please be aware of the following:

You MUST notify the church office in the event of a cancellation. Because there are many groups which meet at Trinity, your group may occasionally be asked to meet in a room other than what was originally assigned. By signing below, you are indicating that you understand the above statements and will abide by the Building Use Policy. Return the completed form to the church office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only			
Date Booked _____	Room Assigned _____	Fee Paid _____	Staff Signature _____