

Trinity Lutheran Church

Building Use Request Form

Organization _____

Contact Person Name _____

Address _____

City/State/Zip _____

Phone (home/cell) _____ (work) _____

E-mail _____

Date(s) of use _____

(You may attach a schedule)

Time (from) _____ (to) _____

Purpose _____

Room(s) requested _____

Office Use Only

Approved by Secretary/Pastor or Council on _____

Rooms Approved for Use _____

Key # _____ Provided on _____ Returned on _____