



Halfway Creek Lutheran Church Building Use Request Form

W6016 County Road W, Holmen, WI 54636

608-526-3701

Please email assistant@halfwaycreek.org if you have questions about this form

Event Name: _____ **Today's Date** _____

Room(s) Requested: 1st Choice _____ 2nd Choice _____

Single Event Date (s) _____ / _____ / _____ / _____ / _____ / _____

- **Mtg. Time** _____ a.m./ _____ p.m.

OR

Recurring Event: (same day of the same week of each month)

- **Meeting Day** (e.g., "2nd Thursday of month") _____
- **Starting on (date)** _____ **Ending on (date)** _____
- **Mtg. Time** _____ a.m./ _____ p.m.

Facilitator's Name: _____

Email: _____ **Phone:** _____

- **Childcare request:** Number of children: _____ Age Range of Children: _____
A 2-week notice is required for childcare.)
- **Kitchen:** _____ Must also complete and sign **Kitchen Contract**.
- **Key Required** _____ Must complete and sign **Key Request Form**.

Special equipment needed: TV/VCR _____ TV/DVD _____ CD/Tape player _____ Screen _____ Easel _____
Sound System _____ (Sanctuary or Fellowship Hall only)

Fees: To be determined

Publicity: Bulletin: _____ Newsletter: _____ Website: _____ (Attach article information on a separate piece of paper. Please take into consideration deadline dates.)

Other event information request/comments: _____

ALL FORMS MUST BE SIGNED BY A HALFWAY CREEK LUTHERAN CHURCH STAFF PERSON. PLACE COMPLETED FORM IN APPROPRIATE TEAM CHAIR'S MAILBOX.

I have reviewed this request

Staff Person's Signature

Date

To be used by office only:

Processing information: Date Processed: _____ Processed by: _____ Placed on calendar _____

Notified Childcare _____ Notified requestor _____ Explanation if denied _____