



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

•

Number of Attendees

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

• **Starting on (date)** _____ **Ending on (date)** _____

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

Contact Name: _____

Email: _____ **Phone:** _____

• **Kitchen:** _____ Must complete & sign **Kitchen Policy**.

• **Caterer:** _____

• **Key Required** _____ Must complete and sign **Equipment/Property Use Form**.

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

Fees: See Building Use Policy

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

Other event information request/comments: _____

Signature

Date

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 requestor _____ Explanation if denied _____

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