

# ST. PAUL'S LUTHERAN CAMPUS SCHEDULING FORM

Date Submitted: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Leader(s): \_\_\_\_\_

Contact Information: (If different than event leader)

Name(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ (Include setup and cleanup time)

Gymnasium: \_\_\_\_\_ Tables and Chairs needed? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ # tables \_\_\_\_\_ # chairs

Bethany Room: \_\_\_\_\_ Tables and Chairs needed? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ # tables \_\_\_\_\_ # chairs

Will the Kitchen be used? \_\_\_\_\_ yes \_\_\_\_\_ no

Jerusalem Room: \_\_\_\_\_ Other: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

Extra Information for Building Coordinator:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Important! Please Read Building Use Guidelines and Sign Below:

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

Reservations are considered pending until approved and notified by the office.

### Office Use Only:

\_\_\_\_\_ Date approved/ calendar updated \_\_\_\_\_ Date of Deposit \$ \_\_\_\_\_

\_\_\_\_\_ Event Coordinator Notified \_\_\_\_\_ Date of Deposit \$ \_\_\_\_\_

\_\_\_\_\_ Date Returned/Deposited

Church: 574-546-2332 Office Hours: 8:00 am - 12:00 pm (noon) (M-F)

Building Coordinator: Todd Haug Ph: 574-209-1215