

ROOM REQUEST FORM

St. John's Lutheran Church
625 E. Netherwood St.
Oregon, WI 53575

Revised 5/2018
(Please Print Clearly)

Phone: (608) 291-4311
Website: stjohnsoregonwis.org

EVENT INFORMATION

Name of Event: _____

Dates Needed - From: _____ To: _____ Start Time: _____ End Time: _____

*Event Start Time (If different from above) _____ End Time (If different from above) _____

Description of Event(s): _____

Room Preference: _____ # of People _____

CONTACT INFORMATION

If Organization, Group Name: _____

Name of Contact Person: _____

Address: _____ Phone (day): _____

_____ Phone (evening): _____

Email Address: _____

Contact Person on day of event (If different from above): _____

Phone (preferably cell): _____

CHURCH CALENDAR

If Ongoing Event, Frequency: _____ Day(s) of the Week: _____

Event to be listed on Church Calendar? Yes No

EVENT SETUP

Is prior setup necessary? Yes No

Can set up be done by your group? Yes No

Setup to be done by St. John's staff? Yes No (If yes, please fully explain on back.)

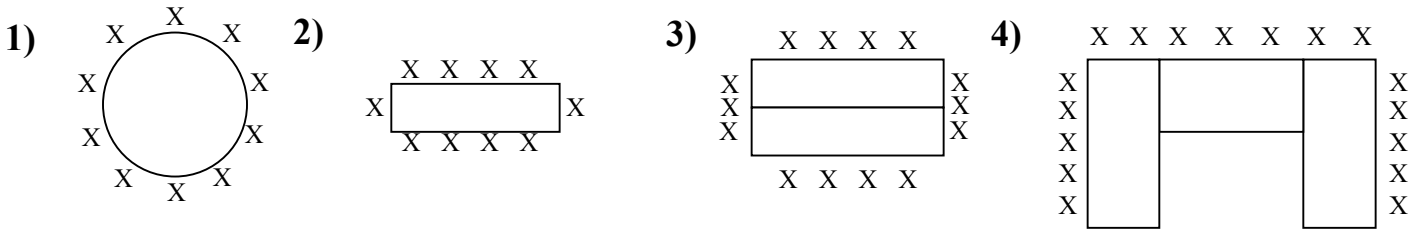
Please check any of the following your group may need:

Stove/Oven Coffee Room Convection Oven Microphone Other: _____
 Dishwasher Coffeemaker – How Many _____ DVD and/or TV _____
 Nesco – How Many _____

I have read the Facilities Manual and agree to abide by the Building and Property Use –Terms and Conditions. (Copy available on the web site)

Event Organizer/Contact Signature: _____ Date: _____

SPECIAL INSTRUCTIONS FOR SETUP
PLEASE BE SPECIFIC – DIAGRAMS ARE HELPFUL
CIRCLE ONE BELOW OR DRAW/WRITE YOUR OWN



The number of chairs set-up will be based on number of people expected.

Office Use Only-----

ACTION: Approved Denied Further Consideration Required

Authorized By: _____ **Date:** _____

Room(s) Reserved: Fireside Rm. Friendship Rm. Gathering Area Sanctuary Kitchen
 Epiphany Rm. Downstairs Classroom(s) _____ Other: _____

Event Custodian Assigned: _____ **Phone/Email:** _____

FEES: Yes No If yes, date paid: _____ Amount: _____ Payment Method: _____

Security Deposit Received? Yes No **Deposit Returned Date:** _____ *(Within 15 days of event)*

Security Deposit Retained: Reason _____ **Keys Distributed:** Yes No

Keys Returned: Yes No **(Missing Key Fee: \$25)** **Checkout:** Space cleaned and reset Yes No

Comments: _____

Copies or Email Custodian Director of Music Pastor Audio-tech Financial Director