FACILITY REQUEST FORM – CHURCH PROGRAMS St. John's Lutheran Church, Salisbury, NC

All requests should be completed no later than 5 business days prior to event

Name of Event:	
Contact Name:	
Group/Ministry Team:	
Contact Phone Number:	Contact Email:
Event Date:	Event Start Time: End Time:
Additional Time to Set-up/Decorate:	Number of People Attending:
I have read the Facility and Property	Use Policy and agree to the terms.
	d, you are responsible for contacting the Facilities ry.org - regarding space set-up and responsibilities. Music Department
212	Youth Rehearsal Room
213 (Apple TV Equipped)	Choir Rehearsal Room
214	Worship Spaces
215	Faith Center
216 (Small Group Room)	Chapel
218 (Conference Room)	Sanctuary
Large Meeting Spaces	Children's Spaces
Peeler Hall (Kitchen)	121
Faith Center	124
PIT (Kitchen)	114
ARK (Kitchen)	115
FUEL Room	Sanctuary Nursery
WELL Room	Faith Center Nursery
Fellowship Hall (Kitchen)	Other
Outdoor Meeting Spaces	Retreat Property
Terrace	Upper Room
The Green	Additional Parking Lot
Playground/Courtyard	

our building. All reservations will be reviewed by staff and confirmed through the facility request form procedure. The office must be notified 48 hours prior to event of any changes or cancellations.		
Description of the Event:		
Facility Needs		
# of Tables Needed:	# of Serving Tables Needed:	
# of Chairs Needed:	Podium: Yes No	
Number of keys needed:		
PA Operator Needed: Yes No	Total Hours PA Operator Needed:	
Nursery Needed: Yes No	Total Hours Nursery Needed:	
-	in the Faith Center and in the Sanctuary (required if nts are available to ministry groups for a fee.	
If the Mini-Bus is needed, please reserve v	ia the Mini-Bus Request Form.	
Hospitality & Supplies		
Plates	Hot Beverage Cups	
Dessert Plates	Water	
Forks	Ice	
Knives	Cooler	
Spoons	Lemonade (For Groups 30+ Only)	
Bowls (Large)	Unsweet Tea (For Groups 30+ Only)	
Bowls (Small)	Sweet Tea (For Groups 30+ Only)	
Napkins	Regular Coffee	
Paper Cover	Decaf Coffee	
Cold Beverage Cups	Coffee Condiments	
Signature:		
For Office Use Only: PA Operator Fee:/		
Nursery Fee:/		
Staff Approval Date:		

Please remember that matching space to need and not request is essential to the stewardship of