

Good Shepherd Lutheran Church
 7600 Cahill Ave
 Inver Grove Heights MN 55076
 651-451-6225
 www.goodshepherdigh.com

Facilities Reservation Request Form
 (Please read the Facilities Use Policy)

Date of Application: _____ Date of Event: _____

Time event will start: _____ Time event will end: _____

Day Requested & Date	Check Box	Rooms Requested	Total Building Time Needed (Include Setup & Cleanup)	
Sunday			From:	To:
Monday			From:	To:
Tuesday			From:	To:
Wednesday			From:	To:
Thursday			From:	To:
Friday			From:	To:
Saturday			From:	To:

Person making request _____ Phone# _____ Personal Event: Yes or No

Email Address _____ Church Member: Yes or No

Mailing Address (Street/City/Zip) _____

Sponsoring Group _____ Meeting type (Meeting, party, etc) _____

ADDITIONAL INFORMATION: (tables, chairs, room setup, sound system needs)

Person in charge day of the event _____ Phone _____

Person in charge of decorating/cleanup _____ Phone _____

I have read the Facilities Use Policy and agree to abide by it.

 Signature & Date

Office Use: Fee Paid _____

On Church Calendar _____