

Good Shepherd Evangelical Lutheran Church
1700 North Towne Avenue
Claremont, CA 91711

FACILITY USE REQUEST

Entity requesting use: _____

Contact Person: _____ Phone Number _____

Address (for mailings) _____

Alternate Contact Person _____ Phone Number _____

Address _____

Purpose of Activity/Event _____

Is this activity/event _____ recurring _____ one time

Your Preference: Date(s) _____

Time(s) from _____ to _____ Total hours _____

Room Number(s) requested (see FLOOR PLAN) _____

Other Facility Requirements: ___ Tables # _____ ___ Chairs # _____

___ Sound system ___ Projector ___ Screen

___ Other _____

Additional Assistance: ___ Committee Help ___ Office (Typing, mailing) etc.

___ Pastoral attendance ___ Setup/Cleanup ___ Access (Key prior to event)

___ Other _____

Please Specify _____

Signature of Contact Person: _____ Date: _____

COUNCIL APPROVAL: Date _____ Signed: _____

Process:

1. Office Staff pencil onto Calendar before approval
2. Present form to Council
3. Approved form forwarded to office
4. Event entered into Calendar
5. Emergency approval available through Executive Committee

For Fellowship Hall, turn over to Council President or Executive Committee. E-mail church office at gslccimt.office@verizon.net if immediate use is required.