

**OUR SAVIOUR LUTHERAN CHURCH
FACILITY USE FORM**

Date of Request _____

Information about person(s) reserving facility:

Name: _____ Telephone Number: _____

Address: _____

Relationship to OSLC _____

Request the following: (check all that are applicable)

- | | |
|----------------------|------------------------------|
| ____ Fellowship Hall | ____ Kitchen |
| ____ Chapel | ____ Sanctuary |
| ____ Conference Room | ____ Other (describe): _____ |

On: (Date) _____ Start Time _____ End Time _____

Set Up Time and Date (if needed) Start Time: _____

Purpose: _____

All events will be listed on the calendar. Please indicate how you desire your event to be listed:

- Event Name: Private (use if wish your name not publicized on calendar/website)
 Other _____ (max. letters 20)
- Event Contact: Office
 Other _____

COUNCIL (After signed, please return to church secretary for processing)

____ Approved _____ Disapproved

Stipulations/Comments: _____

Date: _____ Signed by Council President: _____