

**Grace Lutheran Church and Schools  
FUND-RAISING EVENT PROPERTIES REQUEST FORM**

Group _____	Home Phone ( ) _____	Date of Request _____
Contact Person _____	Cell Phone ( ) _____	_____
E-mail Address _____	Work Phone ( ) _____	
Purpose of Fund-Raiser _____		

Event Date(s) ____ -- ____ -- ____ TO ____ -- ____ -- ____	Time of Event From ____ am pm To ____ am pm	Expected Attendance _____
On Campus? Yes <input type="checkbox"/> No <input type="checkbox"/> Off Campus (Location) _____		

<p><b><u>Facilities Request (check all that apply)</u></b></p> <p><input type="checkbox"/> Courtyard/Patio</p> <p><input type="checkbox"/> Barbeque Area</p> <p><input type="checkbox"/> Gym/Hall</p> <p><input type="checkbox"/> Kitchen</p> <p><input type="checkbox"/> Restrooms (assigned by office _____)</p> <p><input type="checkbox"/> Grove</p> <p><input type="checkbox"/> Ball fields</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Do you need audio/visual assistance?</b></p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p align="center"><b><u>Type of Activity and Notes</u></b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p align="center"><b><u>Set Up of Facility</u></b></p> <p align="center"><small>(You may use back of form for diagram if more space is needed.)</small></p>
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• **Note: For recurring events, please assign a beginning and ending date of events. All recurring events must be renewed each year with a new form.**

I will be responsible for securing the room or area used, including turning off utilities, replacing furniture, cleaning the area of food and trash, and locking the facility.

I understand the rules, regulations and terms of this application, and agree that I and those whom will attend this event will abide by the terms of this application.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* for office use only \*\*\*\*\*

Council Approved \_\_\_\_\_ Council Declined \_\_\_\_\_ Signed \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_