

# St. Michael Lutheran Church

P.O. Box 178, 109 E. Doe Run Rd, Unionville, PA 19375  
610-347-1696 - FAX: 610-347-0148 – saintmichaellc@verizon.net

## *Facilities Usage Request*

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation with St. Michael (check all that are appropriate):

Church Member: \_\_\_\_\_

Outside Organizations: \_\_\_\_\_

Church Group: \_\_\_\_\_

Non Profit: \_\_\_\_\_

Church Sponsored Group: \_\_\_\_\_

Profit: \_\_\_\_\_

Other: \_\_\_\_\_

Governmental: \_\_\_\_\_

Civic: \_\_\_\_\_

Date of Event \_\_\_\_\_ Time: From \_\_\_\_\_ To: \_\_\_\_\_

Room(s) requested \_\_\_\_\_

Attendance [estimated] \_\_\_\_\_

Group Contact Person \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

***If requesting use of the Kitchen, please fill out Kitchen Check List Form and include with this request.***

***I have read the Facilities Usage Guidelines and agree to comply with the facilities usage policies of St. Michael Lutheran Church.***

\_\_\_\_\_  
*Signed* \_\_\_\_\_ *Group Name* \_\_\_\_\_ *Date* \_\_\_\_\_

Please return this signed completed form to the church office. The Facilities Manager will contact you. If approved, a copy of this form will be returned to you. Thank you.

***Approved:*** \_\_\_\_\_ ***Rental Fee:*** \_\_\_\_\_

Facilities Manager

***Certificate of Insurance Required: Yes*** \_\_\_\_\_ ***NO*** \_\_\_\_\_