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: _____

Church Group:_____

Church Sponsored Group:_____

Other:_____

Outside Organizations:

Non Profit:_____

Profit:_____

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_____