Facility Request Form



15 West 14th Street Spencer, IA 51301-3536 Telephone 712.262.2327 Fax 712.262.1635 www.bethluthspencer.com

NAME OF ORGANIZAT	TION SPONSORING EVENT	(if applicable):
TYPE OF ACTIVITY: _		
NAME & PHONE OF C	ONTACT PERSON:	
DATE(S) REQUESTED:		
TIME(S):		
ANTICIPATED ATTENDA	ANCE:	
LOCATION REQUESTED (if known):		Will you need kitchen facilities? □yes □no
	SPECIA	L EQUIPMENT OR NEEDS:
ITEM chairs tables other (please indice	QUANTITY ate):	TV/VCR □yes □no overhead □yes □no
50 people rFee is \$50 foFee is waive	naximum or private receptions	(e.g. birthday, anniversary, graduations, etc.) nizations (e.g. Scouts, LSI, etc.) clean up
Groups largFee is \$50 foFee is waiveFull kitchen	er than 50 (seats up to or private receptions	(e.g. birthday, anniversary, graduations, etc. nizations (e.g. Scouts, LSS, etc.)
another meeting place church shall be liable	ce. Bethany Lutheran Chu	ty for use of the facility. In this case, you may be asked to seek urch is not responsible for accidents or lost items. People using the to the church equipment. Please return this form as soon as ank you.
I have read and fo	ully agree to these te	rms.
SIGNATURE & DATE:		
☐ Confirmed ☐ No	ot confirmed AUTHORIZ	ED BY: Date: