

DATE(S) OF EVENT: _____

ALC Facilities Usage & Church Calendar Request

ALL REQUEST APPROVALS ARE SUBJECT TO AVAILABILITY OF RESOURCES.

Date of Request: _____

☐ Revised Request (if original request is changing)

Event Name: _____ Ministry/Dept: _____

Contact: _____ Phone: _____ Email: _____

Staff/Program Director for Event: _____

Day(s) of Event: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Date(s) of Event (month/day/year): _____

Occurrence: ☐ Once ☐ Daily ☐ Weekly ☐ Monthly ☐ Other _____

Time: Start : _____ AM/PM End : _____ AM/PM Please have church/room available by: _____ AM/PM

Entry Doors Open/Lock Times (if outside office hours): Open : _____ AM/PM Lock : _____ AM/PM

Doors: ☐ Narthex ☐ Activity Center ☐ Fellowship Hall ☐ Preschool

Anticipated Attendance: _____

AREA(S): ☐ Narthex ☐ Sanctuary ☐ Library ☐ Parlor ☐ Choir Room ☐ A-7 (Downstairs) ☐ Nursery ☐ Prayer Room ☐ Columbarium
Fellowship Hall ☐ All ☐ F-1 ☐ F-2 ☐ F-3 ☐ Upstairs Kitchen
Activity Center ☐ All ☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ Downstairs Kitchen
Education Wing ☐ B-1 ☐ B-2 ☐ B-3 ☐ B-4 ☐ B-5 ☐ B-6 ☐ B-7
☐ The Rock ☐ Offsite location _____

Room Arrangement (Attach Legible Diagram if Your Set-up Necessitates):

☐ **Theater** (Rows of chairs, no tables) # Rows: _____ # Chairs per Row: _____

☐ **Classroom** (Tables with chairs in rows) # Rows: _____ # Chairs per Table: _____

☐ **Banquet** (Rounds — avail. upstairs only) # Tables: _____ # Chairs per Table: _____

☐ **"U" Shape** (Chairs: ☐ inside ☐ outside ☐ both) # Tables: _____ # Chairs per Table: _____

☐ **Big Square** (Chairs on the outside) # Tables: _____ # Chairs per Table: _____

Table sizes & additional notes: _____

TECH:

Audio/Visual:

☐ TV ☐ DVD ☐ Laptop ☐ Other _____ ☐ A/V Technician (describe need): _____

Equipment:

☐ Music Stand ☐ Podium ☐ Stool ☐ Projection Screen ☐ Other _____

☐ White Board (optional: ☐ Markers & Eraser) ☐ Easel (optional: ☐ Display only ☐ Markers ☐ Pad)

Sound:

☐ Microphone(s) Type _____ Number _____ ☐ Other _____

☐ Sound Technician (describe need): _____

CHILD CARE: Child care requests will be verified with the Director of Children's Ministry prior to approval.

Time child care begins: _____ Time child care ends: _____ (usually 15 minutes prior to and following event)

Number of children attending in each age category: _____ 0-3 years _____ 4-6 years _____ 7+ years
_____ unknown but anticipate _____ children (provide number)

(Any food needs for children should be discussed and finalized with the Director of Children's/Family Ministry.)

FOOD/KITCHEN:

Are you using a caterer? ☐ Yes ☐ No Are you cooking in the kitchen? ☐ Yes ☐ No Are you using the kitchen only to store/serve food? ☐ Yes ☐ No

****VOLUNTEERS** are to be provided by the requesting group to assist with **setup, serving, and cleanup** as deemed necessary per event by the Director of Administration.

Notes and special requests: _____

Groups using the kitchen are responsible for returning kitchen to original condition, including cleaning and the storing of equipment. INITIAL _____

NOTES:

Notification:

Personnel Who Need to Be Notified and Date: _____
(Date)

☐ Custodial ☐ Child Care ☐ A/V Technician ☐ Preschool ☐ Dir. of Traditional Music
☐ Sr. Pastor ☐ Dir. of Student Ministry ☐ Assoc. Pastor ☐ Dir. of Administration ☐ Pastor of Caring Ministries
☐ Dir. of Children's & Family Ministries ☐ Dir. of Contemporary Worship ☐ Other _____

Building Use Policy

The primary use of the facilities of American Lutheran Church (ALC) is for members and programs that are administered by the membership.

Weddings, funerals and receptions are to be arranged through one of the Pastors.

Questions regarding ALC's facilities usage policy should be directed to the Director of Administration prior to an event being added to the church calendar.

Church Office Use Only:

☐ Request Received: _____ ☐ Request Calendared: _____ ☐ Approved by Dir of Administration (if required): _____