

# East Union Lutheran Church

## Building Request Form- Special Event

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

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

\_\_\_\_\_

Phone#: \_\_\_\_\_

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

Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

### **Fees:**

12 People or Less with no food- \$0

12 People or More with or without food

Custodial-\$80 (for just Parish Center or just Sanctuary)

Custodial-\$150 (for both Parish Center and Sanctuary)

### **Due Dates:**

All fees are due to be able to save the date for the event.

### **Cancellation Policy**

The fees paid are 100% refundable if cancelled up to 1 month prior to event date.

I have read and understand the fees and due dates required for my event. I also understand that my date is not reserved until the time East Union Lutheran Church has received my fees. I understand that alcohol is not permitted on the campus of East Union Lutheran Church, and there is no smoking allowed in or around campus buildings. I received the building use information sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Office Use:**

Date Request Form Received: \_\_\_\_\_

Initial: \_\_\_\_\_

Date Fees Received: \_\_\_\_\_

Initial: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_