

PRINCE OF PEACE LUTHERAN CHURCH
3641 N 56th St, Phoenix, AZ 85018 – 480-945-9537 – FAX 480-947-1530
APPLICATION FOR EVENT/ROOM SET-UP/RESERVATION

CONTACT: _____ DATE: _____

CONTACT PHONE: _____ E-MAIL: _____

DATE OF EVENT: _____ (Mark below if more than one day) # OF PEOPLE: _____

TIME OF EVENT: Set-up _____ A.M./P.M. Start _____ A.M./P.M. End _____ A.M./P.M.

Please list EACH date for repeated events:

Jan _____	Apr _____	Jul _____	Oct _____
Feb _____	May _____	Aug _____	Nov _____
Mar _____	Jun _____	Sep _____	Dec _____

ROOM NEEDED: (Circle all needed) Rm 11 – 12 – 13 – 14 – 15 – 16 – 17 – 18 – Choir Rm – Library
– Music Rm 1 – 2 – 3 – 4 – Preschool Rm 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 - Gangsei Hall (gym) –
Kitchen – Admin. Conference Rm (no outside groups) – Sanctuary

EQUIPMENT/SUPPLIES NEEDED: (how many) **DRAW SET-UP ON BACK OF FORM**

Round Tables: _____ 8' rectangle table: _____ 6' rectangle table: _____

Beverage Table: _____ Table Cloths: _____ Chairs: _____

Chart Pad/Easel/Pens: _____ White Board/Pens: _____

Podium/Speaker stand: _____

DEPOSIT REQUIRED: \$____ (refundable) Attendant time fee--- _____ minimum \$50 (or more)
Power Point/Video/CD/DVD Player: __ Sound equip: __ Mics: __Lapel __ Hand (attendant required)

Using Outside caterer (provide name & number): _____
(Need current certificate of insurance on file)

Provide certificate of insurance naming Prince of Peace Lutheran Church as additionally insured. _____

ORGANIZATION: _____ SIGNED: _____

PLEASE NOTE: There is NO SMOKING inside any of our facilities.

(Below Church Use Only)

APPROVED: _____ ADDED TO CALENDAR: _____

Copies to: Office _____ Custodian _____ Accountant _____ Preschool _____ *rev. 10/6/2006*