

**Trinity Lutheran Church**  
**Building Use and Room Request Application**

Trinity Lutheran Church, 1410 Rogers Street, Stevens Point, WI 54481-3098  
Phone: 715-344-2869, Fax: 715-344-9123, E-mail: trinity@trinitysp.com

**\*\*\*Submit this form to the church office at least 2 weeks prior to your event\*\*\***

Name of Group \_\_\_\_\_ Today's date: \_\_\_\_\_  
Person in Charge: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date(s) of Activity: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_  
Description of Activity: \_\_\_\_\_  
Time Start: \_\_\_\_\_ (am/pm) Time Finish: \_\_\_\_\_ (am/pm)  
**Rooms Requested:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

- ☐ Sanctuary
- ☐ Narthex
- ☐ Chapel Area
- ☐ Heritage Room -Lock when finished
- ☐ 1<sup>st</sup> Floor Classrooms
- ☐ Lower Level Classrooms
- ☐ Fellowship Hall
- ☐ Kitchen -Lock up; see checklists
- ☐ Theater -Lock up; see notes
- ☐ Room 201; second floor
- ☐ Choir Room

**Equipment Needed:**

- ☐ Tables, # \_\_\_\_\_ ☐ Chairs, # \_\_\_\_\_ ☐ Lectern ☐ PA System
- ☐ Slide Projector ☐ Movie Projector ☐ Overhead Projector ☐ VCR/DVD
- ☐ Chalk Board ☐ White Board ☐ Extension Cord(s)
- ☐ Other (Including personal equipment brought in.) \_\_\_\_\_
- ☐ Dishwasher ☐ Mixer ☐ Oven ☐ Elec. Coffee Pots ☐ Elec. Roasters
- ☐ Is the Kitchen required? \_\_\_\_ for: ☐ Full Meal ☐ Snacks & Beverages Will Trinity members provide a meal? \_\_\_\_\_

**All groups shall restrict their activities to the room(s) assigned.** Only equipment and rooms indicated above may be used. Return the room(s) to the condition in which they were found.

**A \$25.00 room deposit is required if a key is issued or fees are not waived.** Pick up a key 24 hours prior to the activity, or by 4:00 pm Friday if weekend activity. The deposit will be returned when the key is returned and if the spaces were adequately returned to the condition in which they were found. Trinity withholds the right to retain the deposit if deemed necessary.

Signature below indicated the Building Use Policy and Procedures Manual will be followed.

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

Fee \_\_\_\_\_ (not incl. deposit) Deposit received \_\_\_\_\_

Approved by: \_\_\_\_\_ Council President      Date \_\_\_\_\_

Room Request Routing

Pastor(s)      \_\_\_\_\_

Admin. Secretary      \_\_\_\_\_

Assoc. In Ministry      \_\_\_\_\_ B &

G Director      \_\_\_\_\_ Day

Care Director      \_\_\_\_\_ Youth

Director      \_\_\_\_\_ Day

Care Cook      \_\_\_\_\_

Church Council

\_\_\_\_\_

Comments

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**Special Room Set-Up Arrangements:**