

# Living Hope Building Usage Request for Regular Attenders



*This form must be completed and returned to the church office at least two (2) weeks prior to the event.*

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of Usage: \_\_\_\_\_ Event Name: \_\_\_\_\_

Setup Date/Time: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Approximate **Ending** Time: \_\_\_\_\_

Room(s) requested: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Set up information is located on back of form.

Advertise: Yes / No In the  Weekly  Bulletin  Calendar

**I have circled YES to "Advertise" my event.** Please place the following text in the Weekly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may also Email: [office@livinghopewillmar.org](mailto:office@livinghopewillmar.org) \*Maximum: 50 typed words /deadline – 2 weeks prior to event

**Additional requirements:** (Check all that apply)

- Church Key (Key card # \_\_\_\_\_)       TV cart w/DVD
- Podium /Music stand(s)       Display/Serving Table(s)
- Sound Tech needed (see attached page/back)★       Other \_\_\_\_\_

**Signature of person completing this form:**

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

**For Office Use Only:** Cost Agreed Upon: \_\_\_\_\_ Details: \_\_\_\_\_

Person taking the request: \_\_\_\_\_ Date: \_\_\_\_\_

Approved request and added to calendar  Carol  Sue  Comm.  Other \_\_\_\_\_ Policy Form signed \_\_\_\_\_ Date \_\_\_\_\_  
Copy given to person requesting \_\_\_\_\_

If you have any questions, please contact the Living Hope office at 320-235-4317  
1305 19<sup>th</sup> Avenue SW ~ Willmar, MN 56201 ~ [www.livinghopewillmar.org](http://www.livinghopewillmar.org)

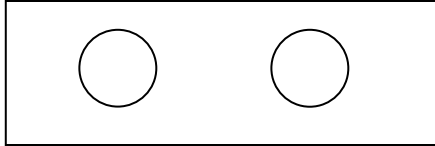
**MAY GOD BE GLORIFIED IN EACH AND EVERY EVENT TAKING PLACE  
IN THE LIVING HOPE FACILITY**

**Please be sure to fill this out to your specific needs**

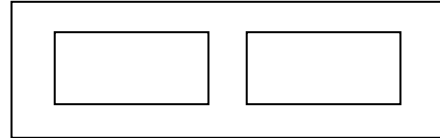
NOTE: Custodial set up needs for Friday afternoons and Saturdays must be discussed with the Admin and noted on back.  
There is no custodial set up for meetings on Sunday's, therefore, please make arrangements for your own set up.

**Seating arrangement desired:** A B C      \_\_\_\_\_ # tables needed      \_\_\_\_ # chairs/table

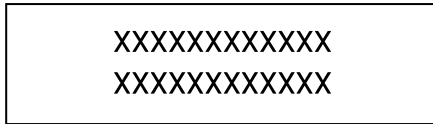
**Plan A:** Tables/Chairs arranged in banquet style.



**Plan C:** Tables/Chairs arranged in classroom style.

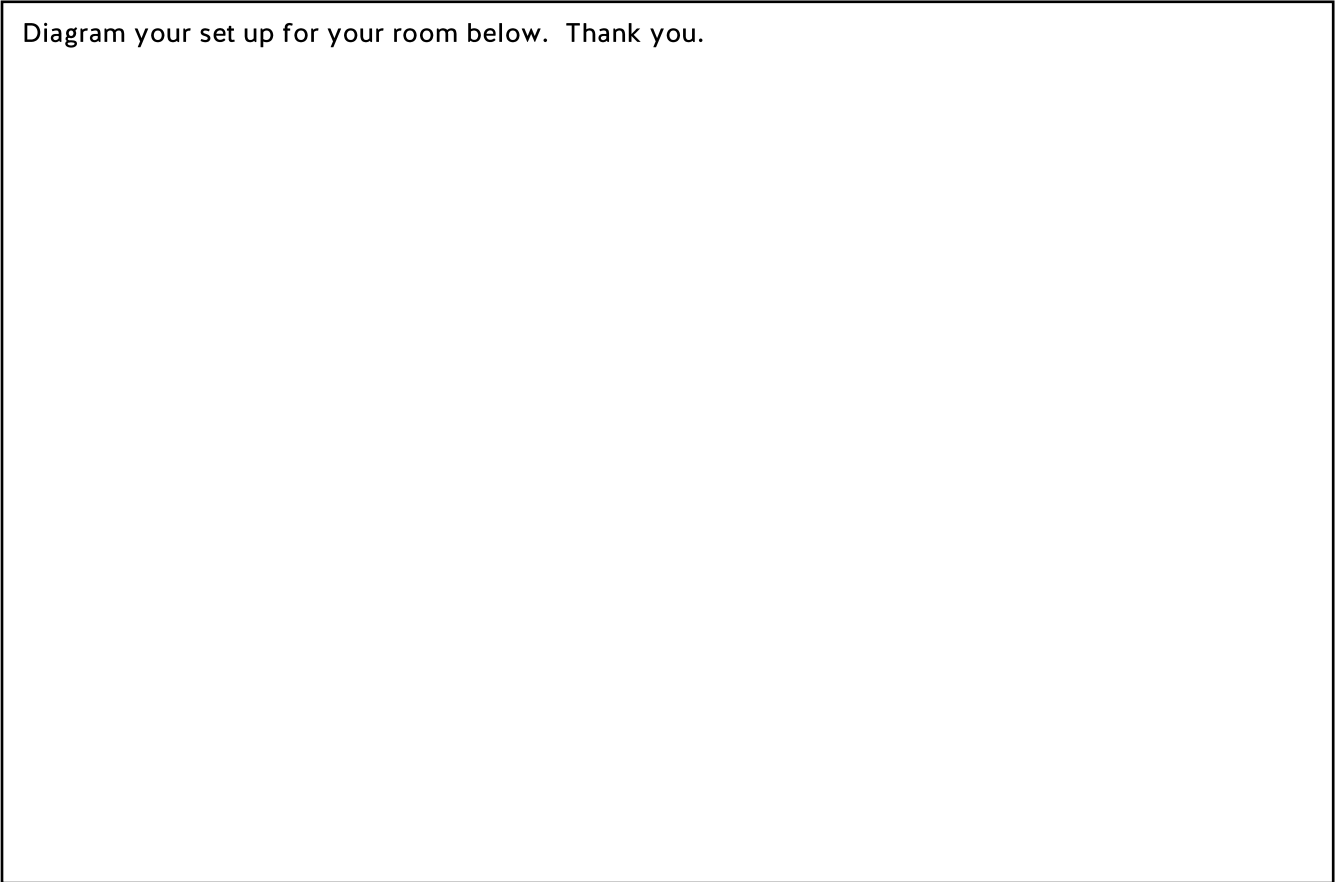


**Plan B:** Chairs arranged in theatre style.



**Please note:** Your room(s) will be set up in the format you have requested and according to your diagram below. If there are any questions prior to or at your event, please call our Facility and Grounds Supervisor @ 320-444-0513.

Diagram your set up for your room below. Thank you.



List any details not covered above here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_