Ascension Lutheran Church and School
1220 West Magee Road
Tucson, AZ 85704
Office: *520-297-3095* School: *520-742-6229*
Fax: *520-742-4781*

FACILITY & EQUIPMENT REQUEST FORM
-Family Life Center-

Instructions:
1. ***Prior*** *to filling out form please check office calendar for availability.*
2. *Fill out form, please submit your request at least 2 weeks prior to the event.*
3. *Return form for FINAL REVIEW and to assure there are no conflicts.*
4. *You will be notified if your request has been disapproved.*

Office Use Only:
Copied to Custodian Yes _____

Date: _____

Date(s) Requested: _____ **Time of Event:** _____ to _____

Time facility is needed? *(Allow for set up & clean up)*
Ongoing Request? ☐ Yes ☐ No Time in: _____ Time Out: _____
(Attach additional sheet if necessary)
If Yes, Until When? or Total Weeks of Activity? _____
Dates of *Exception* for on-going request: _____

Facility Requested: _____ **Equipment Only:** ☐ Yes ☐ No

Approx # in attendance? _____ ☐Room Arrangement: *(Please use back to illustrate needs)*

Equipment Needed: **Tables:** _____ *Round* _____ *Long* _____ **Chairs:** _____

Special Needs (*Sound/Visual equipment, etc.)*: _____

Kitchen Requested? ☐ Yes ☐ No **!! RESPONSIBILITY** ***of Kitchen clean up is that of the Requesting Group/Individual. Kitchen clean up is NOT included in any charges.***

Child Care Requested? ☐ Yes ☐ No Approx # of Children: _____ **Copied to Nursery** ☐ Yes___
Childcare available for Congregation Functions ONLY

Set Up: Who in your group will be responsible? _____

Clean Up: Who in your group will be responsible? _____
*****Facility needs to be left as you found it-Please be considerate.*** *****Altar area MUST be reset!***

Purpose for Request: _____
Is this a Congregation Function? ☐ Yes ☐ No *If No*, Type of Outside Group: _____

Fundraiser? ☐ Yes ☐ No *If Yes,* Fundraisers must be approved by a Pastor, Congregational President, or The Board of Elders PRIOR to facility use approval! (See below for approval info.) **For Profit?** ☐ Yes ☐ No

Name of Group or Individual Requesting Use: _____

Contact Person: _____ Address: _____

Email: _____ Phone (day/evening/cell) _____

**Name of Person with a KEY that will open/lock up facility: _____
It is the RESPONSIBILITY of the Requesting Group to find someone with a KEY & CODE for the Facility they will be using (unless it's an outside group).

Office Use Only

Calendar Availability: ☐ Yes ☐ No Date Marked on Calendar: _____ Initials: _____
Approval: ☐ Yes ☐ No – Reason for Disapproval: _____ Date of Notification: _____
*Fundraiser Approval: ☐ Yes ☐ No Approved By: _____ Date: _____
Signed Agreement? ☐ Yes ☐ No Date: _____ Attached Copy: ☐ Yes ☐ No
Facility Usage Fees Charged? ☐ Yes ☐ No Date: _____ Amt. Rec'd $ _____ ☐ Cash ☐ Check

2/29/08