



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

**FACILITY & EQUIPMENT
 REQUEST FORM
 -General-**

Instructions:

1. Prior to filling out form please check calendar for availability.
2. Fill out form, please submit your request at least 2 weeks prior to the event.
3. Place form in basket for APPROVAL. Once you submit your request it will be reviewed to assure there are no conflicts.
4. You then will be notified if your request has been disapproved.
5. Fill out a "Post-it Note" (Event, Date, Time, Location, & Contact Person) and have office staff stick on calendar – **TENTATIVE reservation only!**

Copied to Custodian Yes _____

Today's Date: _____

Name of Group or Individual Requesting Use: _____

Contact Person: _____

Address: _____

Daytime Phone: _____ **Home Phone:** _____

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

Ongoing Request? Yes No If yes, Until When? or Total Weeks of Activity? _____
 (Attach addition sheet if necessary)

Time Facility is Needed: (Allow for set up & clean up) Time in: _____ Time out: _____

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

Approx # in attendance? _____ Room Arrangement: (Please use back of sheet to illustrate set up needs)

Equipment Needed: Tables _____ Round Long Other _____ Chairs _____

Special Needs: _____

Purpose for Request: _____

Is this a Congregation Function? Yes No

If No, Type of Outside Group: _____ For Profit? Yes No

Fundraiser? Yes No If yes, Fundraiser must be approved by a Pastor, Congregation President, or Board of Elders prior to facility use approval (see below for approval info).

Custodian Requested? Yes No **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.

For Rental & Custodial Charges please refer to the FACILITY USAGE FEE SCHEDULE

Fees may be waived if approved by the Board of Trustees if deemed to be in the best interest of the Church.

Child Care Requested? Yes No (If Yes, Please complete Child Care Request Form)

Office Use:	
Calendar Availability: <input type="radio"/> Yes <input type="radio"/> No	Marked on Calendar? Date: _____ Initials: _____
Approval: <input type="radio"/> Yes <input type="radio"/> No	
Reason for Disapproval: _____	Date of Notification: _____ Initials: _____
Fundraiser Approval: <input type="radio"/> Yes <input type="radio"/> No	Approved by: _____ Date: _____
Signed agreement? <input type="radio"/> Yes <input type="radio"/> No	Date: _____ Attached Copy <input type="radio"/> Yes <input type="radio"/> No
Facility Usage Fees Charged? <input type="radio"/> Yes <input type="radio"/> No	Date: _____ Amount Received \$ _____ <input type="radio"/> Cash <input type="radio"/> Check