TRINITY LUTHERAN CHURCH – BUILDING USE REQUEST FORM
1904 Winnebago Street
Madison, WI 53704

Name___________________________________

Please print

Address__________________________________

City/State/Zip_____________________________

Email____________________________________

Telephone (Home)__________________________

Cell phone________________________________

Date(s) needed ____________________________

Time(s) needed ____________________________________________

Purpose of request________________________________

What part of the church do you wish to use__________________________

__________________________________________________________________________

Number expected to attend____________________

Fee Charged__________________________________________

I HAVE RECEIVED A COPY, READ THROUGH AND AGREE TO THE BUILDING USE POLICY
including the RULES AND CONDITIONS FOR THE USE OF TRINITY LUTHERAN CHURCH.

Signature of Requestor ________________________________________________

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Approved and Scheduled _____ Not Approved ______

Reason for decision: _________________________________________________

Approved by: ________________________________________________ Date:_______________

The above person has been assigned a key to Trinity Lutheran Church.

Key #__________ Staff giving out key______________________________

Date key returned ____________