

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 _____

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 _____