

Sammamish Hills Lutheran Church

22818 SE 8th St., Sammamish, WA 98074
425-392-7799 - Fax# 425-392-7897

Office Use Only

Date Filed _____
Date Approved _____

Facility Use Request

Name of Group/Organization _____
Affiliation (if applicable) _____
Address of Group _____
or Contact Person _____

Name of Person(s) Assuming Responsibility:

Name _____ Home Phone #: _____
Address _____ Work Phone #: _____

Name _____ Home Phone #: _____
Address _____ Work Phone #: _____

Purpose of Use: _____

Dates of Use: _____

Times of Use: _____
(Be sure to list start and ending times on each date requested.)

Expected Number of people at event(s): _____

List the rooms and buildings you are requesting: _____

List any special equipment needed: _____

Will you need a sound system? _____ **How many microphones?** _____
Music played through sound system? _____

Insurance _____ **Phone #** _____

Reminder: your insurance broker should provide proof of your insurance directly to S.H.L. C.

Referred by: _____

Signature of Group or Organization: _____