

# ROOM REQUEST FORM

St. John's Lutheran Church  
625 E. Netherwood St.  
Oregon, WI 53575

Revised 4/2021  
(Please Print Clearly)

Phone: (608) 291-4311  
Website: [stjohnsoregonwi.org](http://stjohnsoregonwi.org)

## EVENT INFORMATION

Name of Event: \_\_\_\_\_

Date Needed: \_\_\_\_\_

(If more than a 1-day event) End Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Description of Event(s): \_\_\_\_\_

Room Preference: \_\_\_\_\_ # of People \_\_\_\_\_

## CONTACT INFORMATION

If Organization, Group Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (day): \_\_\_\_\_

\_\_\_\_\_ Phone (evening): \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person on day of event (If different from above): \_\_\_\_\_

Phone (preferably cell): \_\_\_\_\_

## CHURCH CALENDAR

If Ongoing Event, Frequency: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_

Event to be listed on Church Calendar?  Yes  No

## EVENT SETUP

Is prior setup time needed?  Yes  No

(Your group will be responsible for your own set up/take down)

Please fully explain your intended event set up on the reverse side.

Please check any of the following your group may need:

- |   |                                      |   |                                |
|---|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Stove/Oven                   | <input type="checkbox"/> Coffee Room | <input type="checkbox"/> Microphone             | <input type="checkbox"/> Other |
| <input type="checkbox"/> Convection Oven              | <input type="checkbox"/> Dishwasher  | <input type="checkbox"/> DVD and/or TV          | _____                          |
| <input type="checkbox"/> Coffeemaker – How Many _____ |                                      | <input type="checkbox"/> Nesco – How Many _____ |                                |

I have read the Facilities Manual and agree to abide by the Building and Property Use –Terms and Conditions. (Copy available on the web site)

Event Organizer/Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_