

(Member and Non-Member usage fee due with this form)

Wedding Room Request

St. John's Lutheran Church & School

Date Submitted _____

Bride's Name _____

Rehearsal Date _____ Time _____

Groom's Name _____

Wedding Date _____ Time _____

Pastor to Officiate _____

(as approved by our Senior Pastor)

Member of St John's

Non-Member

Location of Wedding _____

****We accept the responsibility for use of the St. John's Lutheran Church for our rehearsal and wedding**

Contact Person (print) _____

Contact Signature _____

Home Phone _____

Work Phone _____

Email _____

****No room request is considered official without a completed Room Request form.** Please give the completed form to the Administrative Assistant in the church office or put in mailbox. If you are requesting more than one space, and the times are not identical, put each room on a separate form. Rooms will be reserved on a first come, first serve basis, with preference given to church and school events; exceptions as discerned by the discretion of the Executive Director of Ministries.

Fill this portion out with the Church Administrative Assistant for office use:

You will need every room checked below.

Sanctuary

Chapel

Community Room

ELC Playcourt

Other _____

Time:

Rehearsal: Date _____

Start time _____

End Time _____

Wedding: Date _____

Start time _____

End Time _____

Arrival time at church for Wedding: _____

Approval Date _____

By _____

Copy to:

Senior Pastor

ELC Office

Wedding Custodian

Tech Director

Member

Wedding Facilitator

Facilities Manager

(clean restroom 2 hr. prior to arrival time)

Director of Worship

Non-Member

Worship Coordinator

Classroom Teacher

Tim Litke

Misc. Notes:

Ph: 303.733.3777 ex. 110

Fx: 303.778.6070

On Calendar _____

Copies Distributed _____