



Sammamish Hills LUTHERAN CHURCH

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

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 _____

Address _____

Home Phone #: _____

Work Phone #: _____

Name _____

Address _____

Home Phone #: _____

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: _____