## Trinity Evangelical Lutheran Church 1000 West Main Street, Lansdale, PA 19446

## REQUEST/WORKORDER FOR USE OF FACILITIES

Date of Request	Contact Name	
Organization/Committee/M	inistry Area	
Email	Phone	
Event Title		# Attendees
Event Day/Date	Start Time	End Time
Set up by date/time:		Breakdown End Time
0 1 1	open floor n chen	o place the event on our calendar.
TOTAL DONATION: \$	CONTACT SIGNATUR	E
Submit all donations to the Fin	nance office, 1000 West Main Street, Lans	dale, PA 19446
OFFICE USE ONLY		
Date approved by TLC	by	
Deposit \$ revd date	by Balance \$ _	rcvd date by
Copy to:  Maintenance Finance Office	e Recentionist Dir Music Dir Admin	Hospitality

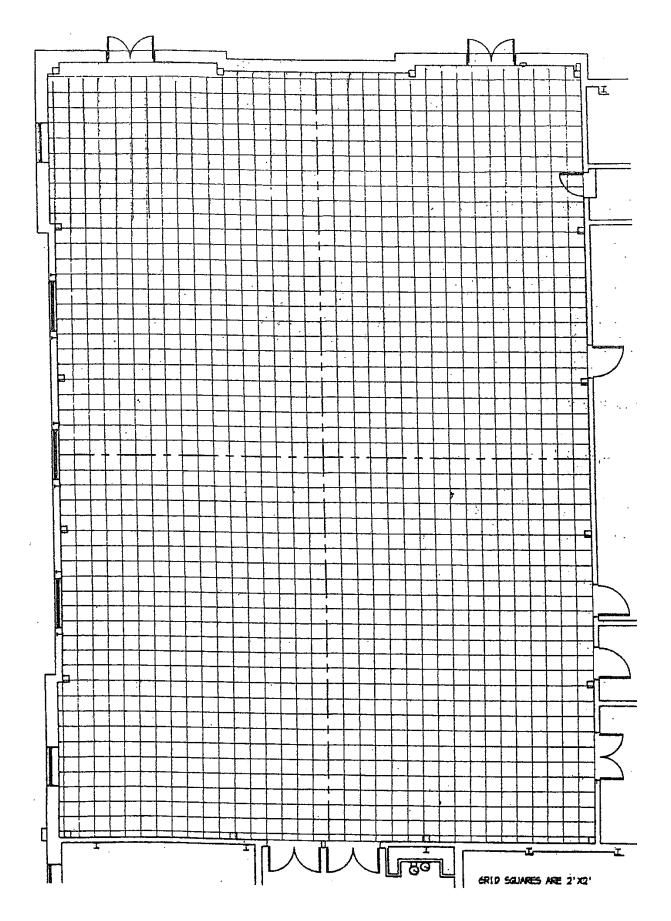
## MAINTENANCE/SETUP INFORMATION

(complete for all events)

SE	TUP STYLE:	□ using room as is					
	□ Theater:	# chairs					
	□ U-shaped:	# tables	# chairs/table				
	□ Open square:	# tables	# chairs/table				
	□ Classroom:	# tables	# chairs/table				
	□ Banquet:	# round tables	# chairs/table	# serving tables			
OF	TIONS:						
	□ Sound System	n (1 mic) 🗆 Podium	n   □ Projection Screen  □ 1	Piano			
	□# head	tables 🗆	# registration tables: location _				
	NO food being s	FOOD	SERVICE INFORMAT this section if any food is being				
Fo	od service start ti	me	# of expected guests				
	□ Snacks/Beverages only □ Some heating/use of kitchen equipment						
	Using Caterer (provide name/contact info)						
Request food and/or service to be supplied by Trinity's Hospitality Ministries (complete last page of this form)							
НО	SPITALITY USE O	ONLY					
	No Hospitality 1	representative required	d (per	date	_)		
	Hospitality assis	gned contact name and	d phone				

Provide a drawing to assist our maintenance staff in setting up for your event.

This is a grid drawing for Hyson Hall but should be used for all set-up drawings.



HOSPITALITY FOOD SERVICE REQUEST (complete this section ONLY if Trinity's Hospitality Ministries are requested to provide food or service)

TABLE SETTING information: Colors:					
	Placemat Tablecloth: □ Paper Centerpieces: Qty: _	□ Linen			
M	ENU type:	determined by:			
	Breakfast Lunch Dinner Reception Other	<ul> <li>☐ Hospitality</li> <li>☐ Listed below</li> <li>☐ Other (provide name/contact info)</li> </ul>			
C	OST OF FOOD funded	d by:			
	Trinity account #/deso	cription			
	Other (provide name/contact info)				
M	ENU DETAILS/REQ	QUESTS:			
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