Hope Evangelical Lutheran Calendar Request Form

Please completely fill out this form, save filled form, attach to your email and send to hopecalendar1971@gmail.com. If the event needs Council approval please make sure to submit it on the Friday before the 2nd Wednesday. 2nd Wednesday of each month is when Council meets. Or print it out and deliver to the church office between 9am and 2 pm Monday-Friday.

Date Requested for Event **Estimated Number of Attendees**

Month Day Year

Beginning Actual Time for Event
AM ☐
PM ☐

Setup Start Time
AM ☐
PM ☐

Ending Actual Time for Event
AM ☐
PM ☐

Cleanup End Time
AM ☐
PM ☐

Area(s) of Church Requested (Sanctuary, Luther Hall, Parlor, Classroom 2, 5, 6,or 7, Parking Lot, Yard, etc.

Event Name

Event Description

Organization Name

Your Name
First **Last**

Contact Information
Email **Telephone**

Please download form, completely fill out form, save form, attach form to your email and send to hopecalendar1971@gmail.com

Received by Calendar Chair _____ Approved by Calendar Chair _____

Approved by Council _____ Added to Calendar _____