Advent Lutheran Church
300 E. Yamato Road
Boca Raton, FL 33431
561-395-3632

FACILITIES REQUEST FORM

Event must be within 30 days of submitting this form.

Event Name: _____

Brief Description of Event: _____

_____

ONE DAY Event/Meeting: Date: _____/_____/_____

MULTIPLE DAY Event/Meetings: Start Date: _____/_____/_____ End Date: ____/____/____

Frequency of Event: ○ Weekly ○ Monthly

Weeks of Month: ○ 1st ○ 2nd ○ 3rd ○ 4th ○ 5th ○ ALL

Day(s) of Week: ○ Mon ○ Tue ○ Wed ○ Thurs ○ Fri ○ Sat ○ Sun

Event Set Up Time: _____ ○ am ○ pm

Time Event Starts: _____ ○ am ○ pm

Time Event Ends: _____ ○ am ○ pm

Event Tear-Down Ends: _____ ○ am ○ pm

NOTE: To schedule the Café or ALEC gym during the hours 7:30am to 5:30pm, Monday through Friday, please visit the School Office.

Facilities Requested:

☐ ALEC Gym* ☐ CHURCH Sanctuary/Narthex ☐ CHURCH Conference Room A

☐ ALEC Kitchen* ☐ CHURCH Fellowship Hall

☐ ALEC Café** ☐ CHURCH Fellowship Hall Kitchen

Event Contact Person: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

** A key to the Café must be picked up prior to the event and returned to the Church Office, M-F, 9-5pm.

I hereby acknowledge that I/we are responsible for set-up, tear-down and clean up of the requested facilities and will be held responsible for any damages to said facilities.

_____ ____/____/____
Event Representative Date

Office Use: Approved By: _____ Date: _____