

St. John Event Form
(please complete and leave in Office Mailbox)

Date of Request: _____

Name of Organization: _____

Contact person (s): _____

Telephone number: _____

Email address: _____

Proposed Activity/ No. of people: _____

Date of Event: _____

Alternate Date of Event: _____

Set up start time: _____

Event start time: _____

Event end time: _____

Cleanup end time: _____

Rooms requested (check all that apply):

____ Fellowship Hall (gym)

____ Kitchen

____ Lounge

____ Library

____ Sunday School rooms

____ Chapel

____ Music room

____ Sanctuary (requires Pastor's approval)

Other: _____

St John Lutheran Church
Office Phone 203 238-2331 Fax: 203 237-9590
Email address: office@saintjohnmeriden.org