

St. Luke's Lutheran Church
 Request for Use of Kitchen
 CR-2013-1

Date of submittal / /				
Name and Contact Information				
Name:		Address		
Organization		City		ZIP Code
Telephone Number				
Home:				
Cell:				
Pre-coordination with authorized member of St. Luke's to be present during use				
Name:				
Telephone Number				
or				
Request for authorized member attendance (circle)*				
Proposed use that would require kitchen access				
Purpose:				
Date(s)/Time(s)				
Equipment/appliances, dishes, etc. requested to use				
1.				
2.				
3.				
4.				
5.				
Organization point of contact responsible for event:				
Name:		Address		
Organization		City		Organization
Telephone Number				
Home:				
Cell:				
Review by Facility Use Committee				
Name:				
*Available authorized member to oversee function and use				
*Name		*Telephone number		
Approved		Date:		
Disapproved		Date:		
After event follow-up		Date:		
Comments:				