

Jordan Evangelical Lutheran Church
REQUEST TO RESERVE ROOM

Room(s) Required: _____

Date: _____ *Day of the week* _____

Time: *Start* _____ *Finish* _____

Approximate No. of People: _____

Person/Group/Organization: _____

Contact Person: _____

Phone No.: *(home)* _____ *(work)* _____

Date of Request: _____

____ On church calendar ____ Council approval (if needed)

Notes:

Problems/concerns that need to be followed up on by office: