

USAGE OF HOSANNA LUTHERAN CHURCH FACILITIES

Name of individual or Organization: _____

Daytime Phone Number: _____

Event: _____

Event Date: _____
(month, date)

Approx. Start Time: _____ Approx. End Time: _____

Number of persons attending: _____

Need for a key? _____

Fee \$: _____ Paid: _____ Check #: _____

Comments: _____

