

Mount Olive – Calendar Event Reservation Form

Date Submitted: _____ **DATE OF USE:** _____

MEETING/FUNCTION: _____

Contact Person: _____

Email Address: _____

Daytime Phone Number: _____

Start Time: _____ End Time: _____

Attending: _____

Setup to be Completed by: Date _____ Time: _____

Desired Setup (if known): **ON BACK** Tables: _____ Chairs: _____

Area of Building Used: Please list first (1st) and second (2nd) choices.

- | | | |
|---|---|---|
| <input type="checkbox"/> Balcony - East | <input type="checkbox"/> Jr. Youth Room | <input type="checkbox"/> Room #121 - Classroom |
| <input type="checkbox"/> Balcony - North | <input type="checkbox"/> Library (#2108) | <input type="checkbox"/> Room #123 - Classroom |
| <input type="checkbox"/> Bookstore Conf. Rm. (#1115) | <input type="checkbox"/> Meeting Room (#2107) | <input type="checkbox"/> Room #1103 - Classroom |
| <input type="checkbox"/> Bride's/Music Room (#2109) | <input type="checkbox"/> Family Center - Max. 60 in pews | <input type="checkbox"/> Room #1105 - Classroom |
| <input type="checkbox"/> Classroom #209 | <input type="checkbox"/> Prayer Room | <input type="checkbox"/> Room #1106 - Cry Room |
| <input type="checkbox"/> Cana Hall - All (both sides) | <input type="checkbox"/> Room #108 - School Classroom | <input type="checkbox"/> Room #1109 - Classroom |
| <input type="checkbox"/> Cana Hall - East | <input type="checkbox"/> Room #109 - School Classroom | <input type="checkbox"/> Room #1110 - Classroom |
| <input type="checkbox"/> Cana Hall - West \ Kitchen | <input type="checkbox"/> Room #110 - School Office | <input type="checkbox"/> Room #1111 - Classroom |
| <input type="checkbox"/> Coffee Shop Seating Area | <input type="checkbox"/> Room #112/113 - School Classroom | <input type="checkbox"/> Sr. Youth Room |
| <input type="checkbox"/> Welcome Area | <input type="checkbox"/> Nursery | <input type="checkbox"/> Sanctuary\Worship Center |
| <input type="checkbox"/> Conference Room (#2106) | | <input type="checkbox"/> Offsite Location |

| Special Needs: (Check each needed) | | | |
|---|--------------------------|-------|-------------------------|
| _____ | Coffee (\$5 per air pot) | _____ | Piano |
| | Reg or Decaf | _____ | Podium |
| | Quantity | _____ | Risers |
| _____ | DVD Player | _____ | Screen |
| _____ | Easel & Pad | _____ | Small Table (2'x4') |
| _____ | LCD Projector | _____ | Stage Blocks\Steps |
| _____ | Laptop\PowerPoint | _____ | Stanchions w\4 ft. rope |
| _____ | Microphone | _____ | TV on mobile cart |
| _____ | Nursery | Other | |

Notes:

Any Questions?

Main Phone: 763.421.3223

Email: Brenda@mtolive-anoka.org

Verification of room assignment will be communicated to contact person listed.

*** Please supply room diagram on back or attach a separate sheet.**

Mount Olive Evangelical Lutheran Church Attn: Brenda Schwarz
700 Western Street Anoka, MN 55303