

First Lutheran Church Reservation

916 Main Street, Williston ND 58801
701-572-6363

Today's Date and Time _____ 200 _____

Date & time Requested: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.

Name of Group: _____

Name of Group Leader: _____

Address: _____

Phone: _____ Work Phone Number: _____

Estimated number in Group: _____

Are you member of First Lutheran? _____

Rooms

_____ Parlor	_____ Fellowship Hall Kitchen	_____ Library
_____ Parlor Kitchen	_____ Community Room	_____ 2nd Floor
_____ Rec Room	_____ Chapel	
_____ Fellowship Hall	_____ Sanctuary	

Other Arrangements or requests:

I fully understand that we, I _____ shall be held accountable for any damage to property or equipment during our stay at First Lutheran Church. I understand that all policies and procedures outline on the attached sheets will be adhered to strictly.

SIGNATURE: _____ DATE: _____

Office use only

Date Res. Form was emailed/sent: _____

Approved by: _____ Date: _____