This page is to be completed by the requesting individual.

LFUU Building Use Request

Date submitted: _____

(Please type or print)

Requesting Individual: (Name, phone, email)	
Sponsoring Organization:	
Date(s) Requested:	
One-Time Event, or Multiple Meetings:	
Time(s)Requested:	
Purpose: *(If wedding or one-time event, provide details of estimated number of guests and any other pertinent information)*	
Will liquor be served? (Yes / No – describe if Yes):	

Submit completed form either via:
Mail to: Building Usage Coordinator, c/o Lake Fellowship, PO Box 174, Excelsior, MN 55331
or
E-mail to: info@lakefellowship.org

Contact Lake Fellowship for more information: info@lakefellowship.org