Lake Fellowship of Unitarian Universalists (LFUU)

Facilities Usage Request

Effective 5/01/2026

To be completed by requesting individual/organization.

Date Submitted: ____ / ____ / _____

Requesting Individual:

Name _____
Address _____
Email _____ Phone (____) _____-_____

Organization (if any):

Name _____
Address _____
Email _____ Phone (____) _____-_____

Check one: ☐ For Profit ☐ Non-Profit

Event: Event type to be hosted: _____
Estimated attendance: _____
Start date: ___/____/_____ Start time: ____:____ am/pm
End date: ___/____/_____ End time: ____:____ am/pm

____ Repeats (check one): ☐ weekly ☐ monthly ☐ yearly

Will liquor be served? Check one:

☐ No ☐ Yes; describe_____

Submit completed form by:

Mail to: Facilities Usage Coordinator, c/o Lake Fellowship, P.O. Box 174, Excelsior, MN 55331
or
E-mail to: Facilities Usage Coordinator, info@lakefellowship.org

For more information or questions:

See: *LFUU Facilities Usage Policy* at https://lakefellowship.org/facilities-usage
or
E-mail: Facilities Usage Coordinator, info@lakefellowship.org