

Immanuel Lutheran Ministries  
178 McHenry Ave.  
Crystal Lake, Illinois 60014  
Phone: 815-459-1441  
Fax# 815-459-1462



**IMMANUEL MEMBER FORM VIA INTERNET**  
E-mail contact: Sandy Stegeman  
sstegeman@imcl.us

### REQUEST FOR SCHEDULING ROOM/FACILITY USE

Purpose for use of facility:

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Completed by church office  
Key out   
Key in   
Fine for lost key \$25.00

Facility requested (circle one):

**School**

Gym      Café      Music Room      Teacher's Lounge      Lower Gym      Classroom

**Church**

Sanctuary      Balcony      CLL      Kitchen      Narthex

**Mobiles**

Room 1-Conference      Room 2      Room 3      Room 4

Equipment needed:

Tables # \_\_\_\_\_  
Chairs# \_\_\_\_\_

Overhead# \_\_\_\_\_  
Other# (Specify) \_\_\_\_\_

Laptop # \_\_\_\_\_  
\_\_\_\_\_

Date(s) request:

Date	Time: begin	End
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Date -other
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Name of person accepting responsibility \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_

When leaving a facility all lights must be off and the room must be clean and in proper order. If any facility is left in an unclean matter or lights left on, Immanuel has the right to revoke your use of the facility.

**This form must be returned to the church office (in person, faxed, or via US Postal Service) to be scheduled and approved.**

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To be filled out by Church Office  
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Building is available yes  Fee \$ \_\_\_\_\_ Insurance Certificate approved.

cc. Person requesting facility, Church office, Custodian.