

St. Paul Lutheran Church
Gathering Area Reservation Form

Dates of Activity: _____

Name of Individual or Group: _____

Contact Person: _____

Contact Telephone Number: _____

Contact Email Address: _____

Activity Description:

Set up Needs (St. Paul will provide one table, kiosk or divider wall):

Ministry Team or St. Paul Fellowship/Service Group sponsoring this activity:

Ministry Director/Group Leader Signature: _____

Date: _____