

Contact Information

Name of Requestor: _____

Phone Number: _____

Department/Group Name: _____

Email of Requestor: _____

Event Information

Choose Facility(s): Kitchen Gym Sanctuary Classroom

Name of Event: _____

Expected Attendance: _____

Date(s) of Event (MM/DD/YYYY): _____

Event Start Time*: _____

Event End Time*: _____

Equipment/Supplies Needed: _____

**Please be sure to include set up and clean up times in your request*

Forms must be filled out and delivered to Deb Flickinger 90 days in advance of the event.

Deb Flickinger can be reached at 717-624-4364 or elphlvr@embarqmail.com

Member donation must be paid 30 days in advance. (see attached for suggested donations)

Suggested Donations
MEMBER

Gym / Kitchen.....	\$200
Sanctuary.....	\$100
*Classroom.....	\$35
Sound System and Technician.....	\$75

Member donation must be paid 30 days in advance.

----- Please make checks payable to NLAG -----

* For parties fewer than 30 people