

CHURCH EQUIPMENT RESERVATION FORM (The usage of church equipment within this reservation is for church members only)

Legal & Hmong Name (Person in charge of the reservation):			
Address:	_ City:	State:	Zip:
Contact Phone Number: ()	Contact Email:		
Equipment pickup date:/			
Equipment pickup time:			
Equipment dropped off time:			
EQUIPMENT REQUESTED (Please check all that	et applies)		
☐ Tables ☐ Chairs ☐ Kitchen items			
☐ Other (Please specify):			
Please complete and return this form to the church' Please pick up equipment(s) during business hours.			before the event.
A donation of \$20 is appreciated. Effective date: 1/1	/2025		
All church equipment(s) must be returned to where t	hey belong.		
Signature of Person in charge of equipment reservati	on	Date Signed	
Signature of Living Stone Alliance Church Admin. A	Assistant	Date Signed	