A Ministry of Community Lutheran Church, Sterling VA

INQUIRY FORM

ORGANIZATION / INDIVIDUAL INFORMATION

Name of Group or Individual: _____

Primary Contact Name: _____

Email: _____ Phone: _____

Mailing Address: _____

Website: _____

EVENT INFORMATION

Purpose of Use: _____

Date(s) Requested*: _____

Time(s) Requested*: _____ to _____

Estimated Attendance: _____ |Age Group(s): _____

Number of Performances: _____

*** If necessary, please attach a detailed schedule of dates/times of use.***

CLC FACILITIES TOUR

Is a tour of the Dreamscapes Performing Arts Center and other facilities required?

☐ Yes ☐ No

SECURITY DEPOSIT & REFUND POLICIES

Refer to the *Facilities Usage Agreement* within the DPAC Welcome Package located at:

https://communitylutheran.org/dreamscapes-performing-arts-center