

<b>Name of Group/Event:</b>							
<b>Dates of Event:</b>							
	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Event is:</b>	<input type="checkbox"/> <b>One-time</b> <input type="checkbox"/> <b>Weekly</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Other</b> _____						
<b>ACTUAL Time of Event:</b>	<b>FROM</b> ____:____ <b>AM PM</b> <b>UNTIL</b> ____:____ <b>AM PM</b>						

*Please schedule setup/cleanup times below. Include all time during which room(s) will be unusable for other groups.*

<b>Parish Center</b>
<input type="checkbox"/> PC - Fellowship Hall <input type="checkbox"/> PC - West Fellowship Hall (carpeted) <input type="checkbox"/> PC - 301 (Green Room) <input type="checkbox"/> PC - 302 <input type="checkbox"/> PC - 303 <input type="checkbox"/> PC - 304 (with sink) <input type="checkbox"/> PC - Kitchen

<b>Church</b>
<input type="checkbox"/> Church <input type="checkbox"/> Church Copy Room <input type="checkbox"/> Church Grounds <input type="checkbox"/> Outdoor Classroom (behind Rectory) <input type="checkbox"/> Other _____

<b>Parish Hall</b>
<input type="checkbox"/> PH - Parish Hall <input type="checkbox"/> PH - Rosary Room <input type="checkbox"/> PH - Conference Room <input type="checkbox"/> PH - Middle Room <input type="checkbox"/> PH - Kitchen

<b>School</b>
<input type="checkbox"/> School Classrooms # _____ <input type="checkbox"/> Gym <input type="checkbox"/> Art Room <input type="checkbox"/> Library

<input type="checkbox"/> <i>Request for Special Information to be added to Calendar:</i> <input type="checkbox"/> <i>Reminder</i> <input type="checkbox"/> <i>Off-site event - Location:</i> _____
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<b>Responsible Party</b>	<i>(Must pick up Facility Use information from church office)</i>		
<b>Contact Numbers:</b>	<b>Home:</b>	<b>Work:</b>	<b>Cell:</b>
	<b>Pager:</b>	<b>FAX:</b>	<b>Email:</b>
<b>Number of Attendees:</b>	(estimate)		
<b>Will food be served?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will alcohol be served?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, Request Form is required.)		
<b>SETUP</b>	<b>DATE</b> _____	<b>FROM</b> ____:____ <b>AM PM</b>	<b>UNTIL</b> ____:____ <b>AM PM</b>
<b>CLEANUP</b>	<b>DATE</b> _____	<b>FROM</b> ____:____ <b>AM PM</b>	<b>UNTIL</b> ____:____ <b>AM PM</b>

<i>For Office/Staff Use Only</i>	Date Form Received:	Fees \$75.00 Cleanup deposit
NOTES:	\$500 facility use fee	
CALENDARS TO POST:	<input type="checkbox"/> Master <input type="checkbox"/> School <input type="checkbox"/> Parish <input type="checkbox"/> Setup <input type="checkbox"/> Other _____	
PERSONAL CALENDARS TO POST:	<input type="checkbox"/> Fr. Gavin <input type="checkbox"/> Associate <input type="checkbox"/> Deacon John <input type="checkbox"/> Mike <input type="checkbox"/> Susan <input type="checkbox"/> Deacon Blue <input type="checkbox"/> Amy <input type="checkbox"/> Lea	
APPROVAL: <input type="checkbox"/> Yes <input type="checkbox"/> No	BY:	DATE: