

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

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

Parish Center
<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

Church
<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 _____

Parish Hall
<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

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

Calendar/non-facility:
<input type="checkbox"/> Reminder only <input type="checkbox"/> Off-site event - Location: _____ <input type="checkbox"/> Request Bus to be scheduled

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

<i>For Office/Staff Use Only</i>	Date Form Received:	
NOTES:	Facility use fee _____	
	Cleanup deposit _____	
	Hiring custodian _____	
	Other _____	
CALENDARS TO POST:	<input type="checkbox"/> Master <input type="checkbox"/> School <input type="checkbox"/> Parish <input type="checkbox"/> Setup <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Fr. Gavin <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: _____