



Multi-Use Facilities Scheduling Request Form

(Fill out completely)

Today's Date ____/____/____ Event Name _____

Organization _____

Contact Person _____

Address _____

City/State _____ Zip/Postal Code _____

Phone (____) ____ - ____ Fax (____) ____ - ____

E-mail _____

Estimated Number of People Attending: _____

What facility do you wish to use? _____

Church Classroom 2 Classroom 3 Classroom 4 Classroom 5 Classroom 6 Library 7/8 Classroom 11

Main Hall Kitchen Grotto Stage Multi-Purpose Room Youth Office Music Annex Conference Room

Screen Room Gazebo Parking Lot-Back Parking Lot-Basketball Court Field Back Field Front

Narthex Meeting Room Colonnade

Second choice? (If first choice not available) _____

What dates do you require? From: ____/____/____ To: ____/____/____

What time do you need? Start: _____ (am)(pm) End: _____ (am)(pm) EVENTS MUST END BY 9:00 PM

Setup: _____ (minutes) Cleanup: _____ (minutes)

What frequency? (Daily, Weekdays, 2nd Tuesday, Monthly, etc.) _____

Any exceptions to the frequency? (Certain Dates, Months, etc.) _____

Other Comments (Number of tables, chairs, etc.) _____

Please return this form to the office as soon as possible. You will be informed if there are any conflicts/changes to the schedule you requested. If there are any changes to this request, please contact the office as soon as possible. **Parish Secretary must be notified when a meeting is CANCELLED by email, or by phone, if within 24 hours.** Failure to cancel may result in loss of usage in the future.