

September 2017 – August 2018

FACILITY RESERVATION REQUEST

Google _____

Please return this form to the Parish Secretary. If there is a conflict, you will be notified.

Event Name: _____

Contact Name/E-mail/Phone: _____

Room/Facility Requested: _____ Number of People: _____

List Event Date Here: <i>For multiple dates circle Calendar on back.</i>							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Set-up Time:	am	pm	Event Time:	am	pm	End Time:	am	pm
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Room Setup (number and orientation of tables/chairs):

If room setup is very specific, please attach a drawing to this sheet.

AV Equipment: Y _____ N _____ Podium: Y _____ N _____

If Yes, please specify:

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