

WORK ORDER ATTACHED?

yes _____ no _____

CALENDAR RESERVATION FORM

Please fill out this form and return it to the Parish Office.

DATE SUBMITTED: _____

STAFF LEADER _____

STAFF LEADER APPROVAL SIGNATURE _____

GROUP/ORGANIZATION/CONTACT PERSON: _____

PHONE #/E-MAIL: _____

EVENT/NO. OF PEOPLE: _____

DATE(S) NEEDED: _____

FUNCTION TIME: _____

SET UP TIME/CONTACT PERSON: _____

CLEAN UP TIME/CONTACT PERSON: _____

ROOM(S) REQUESTED: ***PLEASE CIRCLE ROOMS NEEDED***

Hall: Meeting Room #1 #2 #3 #4 #5 #6 #7 #8 #9
(Circle all room numbers if a combination of rooms is needed)

Entire Room (Meeting Rooms #1-8)

Entire Room (Meeting Rooms #1-9)

Kitchen

Conference Room: #A

#B (living room)

#C

Church (Mass Book)

Cry Room

Rectory Back Yard

Prayer Chapel

AMC

Gathering Space

Entered by: _____

Date: _____

Computer Calendar _____

Mass Book _____

Confirmed _____

Sent Copy to Contact Person(s) _____

Room number requested is subject to change based upon availability with other functions.

You will be notified in the event of a change.

The Pastor reserves the right to cancel, change, postpone and move any calendar reservation.

The Parish Administration will notify the Parish Ministry or outside organization

no later than 48 hours prior to the scheduled event.