

FACILITY RESERVATION FORM

Date: _____ Ministry/Committee/Group** _____

Contact Person: _____

Phone Numbers: Daytime _____ Cell: _____

Date of meeting/event: _____

Beginning time: _____ End time: _____

Is this a recurring event: Yes No

If Yes please specify (i.e. – 1st and 3rd Monday) with an end date (i.e. - until the end of June):

Check Space(s) needed:

_____ Church _____ Hall _____ Cry Room _____ Conference Room

_____ Library _____ Gym* _____ School*

(*You must contact the school directly to check availability)

Other (please specify): _____

Special requests (i.e. kitchen needed): _____

Number of expected participants: _____

(space may be reassigned if there is a conflict)

Please Notify Parish Office of All Cancellations

All tables/chairs **must** be put away unless otherwise noted.

All decorations and items used **must** be taken down and disposed.

All trash **must** be taken out and put in the designated containers.

Floors **must** be left clean.

If Kitchen is used, everything **must** be removed from refrigerator/freezers, and counters, tables and floors cleaned.

No items may be stored in the kitchen or attic unless previously approved by office.

PLEASE SUBMIT THIS FORM AS EARLY POSSIBLE

If the space is not available, you will be notified.

***All non-Parish organizations may be subject to meeting changes/cancellations due to parish needs.*