

Todays Date: \_\_\_/\_\_\_/\_\_\_

## ST. JOHN'S PARISH FACILITIES REQUEST FORM

1) ORGANIZATION NAME/CONTACT PERSON: \_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

2) \*FACILITY (IES) 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

3) \*Date(s) From \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

4) Time: Setup Time: \_\_\_\_\_ Event Start Time \_\_\_\_\_

Event Ends \_\_\_:\_\_\_:\_\_\_ **Cleanup Finished by:** \_\_\_\_\_

5) Day of the Week \_\_\_\_\_

6) Frequency: \_\_\_\_\_

(example: fourth Thursday of every month)

**\*Please consult parish calendar for availability in order to avoid requesting a date/time/room that is already reserved. Do not list holidays or dates you know you will not be using a facility this is unfair to other organizations needs.**

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7) Name of Event or reason for use of the facility \_\_\_\_\_

OFFICE USE ONLY: DATE RECEIVED: \_\_\_/\_\_\_/\_\_\_

saved on (u:\schform.wpd) ckuspiel