

Facility/Meeting Room Request Form

Date _____

Event _____

Event Date & Time: _____

Contact Person _____

Phone Number _____

Address (Optional) _____

Facilitator (if different from contact) _____

Facility/Meeting Room Requested _____

Number Attending _____

Is a key needed for entry? _____

Set Up Date _____

Clean Up/Tear Down-Date and Time _____

Set Up of Room

_____ Chairs Only

_____ Tables

_____ Rectangular

_____ Seating on One Side

_____ Seating on Both Sides

_____ Round

Additional Needs

_____ Podium

_____ Microphone

_____ TV

_____ VCR

_____ DVD

_____ Overhead

_____ Easel w/Paper

_____ Coffee Pot and
Accessories

_____ Other

Please return to Secretary at Parish Office for Date & Facility Availability!

Please illustrate room layout required on backside