

KEY FOB REQUEST

First Name: _____ Last Name: _____
Address: _____ City/St/Zip: _____
Home Phone #: _____ Cell phone: _____
Email address: _____

Key Fob needed: (check all that apply, and fill out the dates and times needed)

<u>Location</u>	<u>Day & Times</u>	<u>Committee and/or Ministry</u>
<input type="checkbox"/> Parish Center	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> GYM Door	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> St. Francis Room	_____	_____
	_____	_____
	_____	_____

Other Special Requests:

Please Note:

A \$10 Key Fob Fee is to be paid at time of receipt. Fee may be waived for volunteer activities at the discretion of the Director of Administrative Services.

FOR INTERNAL PURPOSES ONLY

Received by: _____ Amount Received : _____ Cash Check # _____

Key Fob #: _____ Date Issued: _____ Approved: _____

Sign Upon Receipt of FOB: _____ Date _____