**PARISH LIFE CENTER RESERVATION REQUEST FORM**

**EVENT/ YOUR NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHAIRPERSON**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALTERNATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF EVENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENT DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME: Start:\_\_\_\_\_\_\_\_\_\_\_\_\_End:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER OF ATTENDEES**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SET-UP REQUIREMENTS**: TABLES: ROUND\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RECTANGLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHAIRS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PODIUM \_\_\_\_\_\_\_\_\_ MICROPHONES\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER A/V EQUIPMENT\* (Must be requested through the Religious Education office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KITCHEN USE REQUESTED**: YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DETAILS OF KITCHEN USE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(COOKING, BAKING, PREP, SETUP)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KITCHEN TRAINED PERSONNEL NAMES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESONSIBLE PARTY FOR KEYS AND KEYS REQUESTED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN COMPLETED RESERVATION REQUEST TO THE PARISH OFFICE AT**

**LEAST 10 BUSINESS DAYS BEFORE THE EVENT DATE.**

**CHECKLIST MUST BE RETURNED TO PARISH OFFICE THE NEXT BUSINESS DAY**

**AFTER THE EVENT. PLEASE REMEMBER THAT ALL TABLES MUST BE COVERED WITH A**

**PLASTIC OR LINEN TABLECLOTH.**

**\*IF YOU ARE NOT FAMILIAR WITH THE SOUND SYSTEM, PLEASE CONTACT THE FACILITIES**

**MANAGER OR BUSINESS MANAGER FOR INSTRUCTIONS. YOU ARE RESPONSIBLE TO BRING**

**YOUR OWN LAPTOP IF YOU ARE USING THE OVERHEAD PROJECTOR.**

**PLEASE CALL Matt Ponton, 644-7300 WITH ANY QUESTIONS ON THIS PROCESS.**

**Revised Jun. 2020**