**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**