St. Philip the Apostle

Room Request Form
For use of Parish Facilities
Please return to CRR@stphiliptheapostle.org

Name of Organization:		· · · · · · · · · · · · · · · · · · ·
Contact Name:		
Phone:	Cell Phone:	
Mailing Address:		
Email Address:		
Date(s) of Event:		
Day(s) of the Week:		
Facility Needed: Actual time of Event:		□AM/ □ PM
	Facility Needed	
Parish Center	Church/Holy Angel Hall	Ministry Building
□ Landa Room□ McCone Room□ Parking Lot	 Holy Angel Hall Holy Angel Hall Lobby Holy Angel Hall Kitchen Holy Angel Hall MusicRoom Church Patio Church 	 □ Room 1 (1st Floor) □ Room 2 (1st Floor) □ Room 6 (2nd Floor) □ Room 7 (2nd Floor) □ Room 8 (2nd Floor)
Approximate Number of People A	ttending the Event:	
Purpose of Meeting:		
Specific Equipment Needs:		
Special Requests/Notes:		
Signature	Date	
	**************	***********
Office Use Only Approved by:	Entered by	Date:
, approved by	Lineled by	Dato
NOT Approved:	Note:	