

For use of Parish Facilities

Name of Organization: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Day(s) of the Week: _____

Actual time of Event: from: _____ ☐AM/ ☐PM to: _____ ☐AM/ ☐PM

Ministry Building

- ☐ Room 1 (1st Floor)
- ☐ Room 2 (1st Floor)
- ☐ Room 6 (2nd Floor)
- ☐ Room 7 (2nd Floor)
- ☐ Room 8 (2nd Floor)

Purpose of Meeting:_____

Specific Equipment Needs: _____

Special Requests/Notes: _____

Approved by: _____ Entered by: _____ Date: _____

NOT Approved: _____ Note: _____