Request for Meeting Space

Name of Ministry/Group requesting space:	
Name of Event:	
Name of person (responsible party) requesting space:	
Phone # Email	
Date of request: Date of Meeting	g:
Space requested (please circle): Church Social Hall Kitchen Room 1 Room 3	3 Parlor All Saint's Chapel
Meeting time: From to	
Recurring event? Yes No Frequency of events	vent:
Time required to open and close facility before and after meeting	ng:
Anticipated number of people attending?	
Will there be children accompanying attendees during the meet	ting? YES NO
If yes children under age of 1 must remain with pare	ents at all times
Child care provided for 1 to 10 years old.	
Children from age 11 to 17 must remain with parent or	under approved adult supervision
Is your meeting group/ministry providing approved child care?	YES NO
If YES, must be approved by parish office prior to meeting	ng
If YES, does ministry budget pay for child care or will gro	oup cover cost independently?
Do you need translation?	YES NO
Do you require the use of the kitchen facility?	YES NO
OFFICE U	JSE ONLY:
APPROVED YES NO	
Scheduled to calendar YES NO (reason for	delay)
Arrange for automatic time lock changes YES	NO
Arrange for key(s) YES NO	
Approved by:	