

## Request for Meeting Space

Name of Ministry/Group requesting space: \_\_\_\_\_

Name of person (responsible party) requesting space: \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Date of request: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Space requested (please circle):

Church    Social Hall    Kitchen    Room 2    Room 3    Parlor    SEY House

Meeting time: From \_\_\_\_\_ to \_\_\_\_\_

Recurring event? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency of event: \_\_\_\_\_

Time required to open and close facility before and after meeting: \_\_\_\_\_

Anticipated number of people attending? \_\_\_\_\_

Will there be children accompanying attendees during the meeting? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes . . . children under age of 1 must remain with parents 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

If YES, does ministry budget pay for child care or will group cover cost independently?

Do you need translation? YES \_\_\_\_\_ NO \_\_\_\_\_

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Do you require the use of the kitchen facility? YES \_\_\_\_\_ NO \_\_\_\_\_

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### OFFICE USE 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: \_\_\_\_\_