

CALENDAR REQUEST / ROOM RESERVATION FORM

TO: PARISH SECRETARY rita.firkus@stleonards.org 262-679-1773 ext. 10

DATE SUBMITTED: _____

COMMITTEE,
ORGANIZATION,
PROGRAM: _____

FACILITY TO
RESERVE: _____

TIME EVENT
ACTUALLY BEGINS _____

TIME EVENT
ENDS: _____

MINUTES NEEDED
FOR SETUP _____

MINUTES NEEDED
FOR CLEANUP _____

DATE(S) OF EVENT _____

NAME OF EVENT _____

WILL SET UP BE REQUIRED BY THE
MAINTENANCE STAFF? YES NO, but I will need the
standard room setup.

WILL AUDIO/VISUAL BE USED? YES NO

(If yes, we must be notified at
least a week in advance)

WILL ALCOHOL (WINE, BEER, ETC.) BE
SOLD, SERVED OR BROUGHT IN FOR
YOUR EVENT? YES* NO

**If YES, a separate form (available in the Parish Office) must be filled out and attached to this reservation request.*

Date(s) requested for
bulletin/flyers if any _____

Date(s) requested to
promote in Gathering
Space if any _____

Person in Charge: _____

Telephone Number: _____

Email: _____

Initials when entered on
Parish Calendar (*Office use*) _____

Date: _____