

CALENDAR REQUEST / 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 (If yes, we must be notified at least a week in advance) _____ NO
Will alcohol (wine, beer, etc.) be sold, served or brought in for your event? _____ YES* _____ NO
<i>*If YES, a separate form (available in the Parish Office) must be filled out and attached to this reservation request.</i>

Date(s) requested for 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: _____ Date: _____

A copy of this form is to be kept in the Parish Office. Once the information has been entered, a copy will be returned to the requestor.