



St. Mother Teresa of Calcutta Catholic Church
Room Reservation/Event-Fundraiser Approval Form (next page)

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Ministry/Group* _____ Date* _____
 Coordinator* _____
 Tel #* _____ E-mail* _____

ROOM RESERVATION



NEW REQUEST



RENEWAL **

Event Name/Activity* _____

STARTS: _____ *am pm

ENDS: _____ *am pm

Set-up time (if necessary): _____ am / pm

Clean-up time/trash out: _____ am / pm

Allow ample clean-up time at end of your event/activity to avoid overlapping into other group's scheduled time.

Room/Venue

Preferred

Virtual

Zoom

Room "A"

Room "B"

Room "C"

Room "D"

Worship Space

Outside Shade East _____ Outside Shade West _____ Outside Shade Middle _____ Outdoors _____ (will provide own shade)

(Not available on Sundays 7A-1P)

Expected # of people in attendance*: _____ Serving Food/Drinks? * No _____ Yes _____

Does your Event/Activity require Audio/Visual Equipment or sound? * Yes _____ No _____

Does your Event/Activity require a table outside? * Yes _____ No _____

Date(s) Requested*: *Indicate if one-time or recurring event. Please provide preferred date and alternates*



One time

1st Choice* _____ mo/day/yr 2nd Choice _____ mo/day/yr

3rd Choice _____ mo/day/yr

OR



Recurrent (quarterly or more often)**



Weekly



Bi-weekly



Monthly



Other

1st Choice* Check day(s) of the week



MON



TUE



WED



THU



FRI



SAT



SUN

Start date* _____ End date* _____

2nd Choice Check day(s) of the week



MON



TUE



WED



THU



FRI



SAT



SUN

Start date _____ End date _____

* Required fields. Your **request can not be processed without the requested information.**

** Renewal of recurring requests **should be submitted for consideration only during May and November for the subsequent 6 month period (July-Dec and Jan-Jun).**

SPECIAL NOTE: Sacraments and Special Liturgies take precedence over scheduled events. Special Parish Events take precedence over scheduled recurrent events. **Every effort will be made to avoid scheduling conflicts or cancellations, however please be advised that sometimes these cannot be avoided.** Thank you for your understanding and cooperation.

For Office Use Only

Date Received: _____ Placed on Calendar by: _____

Date: _____

Approved By: _____ Assigned Room: _____

| | |
|---|--|
| PARISH EVENT/ FUNDRAISER APPROVAL | If your event will require the use of a meeting/classroom, complete Room Reservation section on reverse side of this form. |
| Proposed Event*: _____ | |
| Proposed Date/Time*: _____ | For benefit of*: _____ |
| Venue*: _____ <small>Please specify</small> | Expected # of people in attendance*: _____ |
| NOTE: All fundraising events or sales (regardless of venue), must have prior <i>written approval</i> of Pastor /Business Manager <u>before</u> they can take place or be put on calendar . | |
| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes w/following conditions: _____ | |
| _____ Pastor/Business Manager Signature | Date: _____ |
| For Office Use Only | |

| | | | |
|--|--|--------------------------------|--|
| RESERVATION/VENUE REQUEST CHANGE | | | |
| Event Name/Activity _____ | | | |
| FROM: | | | |
| Room/Venue: _____ <div style="text-align: center; font-size: x-small;">Please specify</div> | | | |
| Originally requested Time of Event: _____ am pm | | | |
| TO: | | | |
| Room/Venue _____ | | | |
| New Time of Event: _____ am pm | | Time in(set-up time): _____ | |
| | | Time out(clean-up time): _____ | |
| New Requested Date(s) _____ | | | |
| Requested by: _____ | | | |

| | | | |
|---|----------------------|--|--|
| RESERVATION CANCELLATION REQUEST | | | |
| Event Name/Activity _____ | | | |
| Room/Venue | | Other _____ <div style="text-align: center; font-size: x-small;">Please specify</div> | |
| Date of Event: _____ | Starting Time: _____ | Ending Time: _____ | |
| Requested by: _____ | | | |

| | | | |
|---|--|------------------------------|--|
| SPECIAL NOTE: Sacraments and Special Liturgies take precedence over scheduled events. Special Parish Events take precedence over scheduled recurrent events. Every effort will be made to avoid scheduling conflicts or cancellations, however please be advised that sometimes these cannot be avoided. Thank you for your understanding and cooperation. | | | |
| For Office Use Only | | | |
| Date Received: _____ | | Placed on Calendar by: _____ | |
| | | Date: _____ | |
| Approved By: _____ | | Assigned Room: _____ | |
| Rev 06/2023 | | | |