



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

Ministry/Group* _____ Date* _____

Coordinator* _____

Tel #* _____ E-mail* _____

ROOM RESERVATION NEW REQUEST RENEWAL**

Event Name/Activity* _____

STARTS: _____ *am pm ENDS: _____ *am pm

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

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

Space Preference (If Any) Room "A" _____ Room "B" _____ Room "C" _____ Room "D" _____ Worship Space _____ Outside _____

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

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

Date(s) Requested*: Indicate if one-time or recurrent 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: _____

Event/Fundraiser Approval --Reservation Change & Cancellation Form

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*: _____ Expected # of people in attendance*: _____
Please specify

NOTE: All fundraising events or sales (regardless of venue), must have prior **written approval** of Pastor /Business Manager before they can take place or be put on calendar .

Approved: Yes No Yes w/following conditions: _____

Date: _____

Pastor/Business Manager Signature

For Office Use Only

RESERVATION/VENUE REQUEST CHANGE

Event Name/Activity _____

FROM:
Room/Venue: _____
Please specify

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 _____
Please specify

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: _____ E-mailed confirmation to: _____