

# St. Gabriel Catholic Church Facilities Request Form

Please complete this form and return it to the Parish Facilities Managers office. The Chair or organization representative will receive written confirmation when scheduling of your activity/meeting is completed and approved. Please notify the Parish Office as soon as possible in the event of cancellation or if you make ANY changes to your original request.

Parish/Organization/Person: _____	Event Date: _____
Description of event: _____	Group Size: _____

**Event Time:** Set-up start time: \_\_\_\_\_ Activity start time: \_\_\_\_\_  
Activity end time: \_\_\_\_\_ Clean-up end time: \_\_\_\_\_

(Please include set-up and tear-down time (if applicable), keeping in mind that other groups/activities may need the space before and after your activity/meeting time)

**Please choose one.** I wish to schedule this Event:

\_\_\_\_ One Time Only \_\_\_\_\_ - Weekly (specific day \_\_\_\_\_) - \_\_\_\_\_ Monthly (specific day \_\_\_\_\_)

**Please choose all areas to be reserved: (Circle Location or locations)**

**Annex Building:** - Chapel - Large meeting room - Small meeting room - Meeting room 2<sup>nd</sup> floor  
- Kitchen - Basement Meeting Room - Other: \_\_\_\_\_

**Community Center:** \_\_\_\_\_ **Parish Hall:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Occasion:** \_\_\_\_\_

**Group Size:** \_\_\_\_\_ **Ministry:** \_\_\_\_\_ **Parishioner – Yes or No**

\_\_\_\_\_  
**Approved by**

\_\_\_\_\_  
**Date**

**Added to Calendar:** \_\_\_\_\_