OUR LADY OF THE VALLEY PARISH

Request for use of Facilities

Facilities are reserved on a first come first serve basis and upon approval.

FORM MUST BE FILLED OUT BY LEAD OF MINISTRY

Date: _____

Ministry / Organization _____ Description of Activity _____

Person Responsible _____ Phone # _____ Email _____

Backup Person _____ Phone # _____ Email _____

Responsible & Backup Person must be in full updated compliance with Safe Environment & ERT

Rooms Needed:

☐ 208 ☐ 210 ☐ 213A ☐ 213B ☐ St. Joseph ☐ OLG ☐ St. TC ☐ St JPII ☐ Hall ☐ Kitchen

☐ Narthex ☐ Chapel ☐ Church ☐ Patio **Website** ☐ Yes ☐ No

30 Minutes before & after Event Time are reserved for Set-up and Clean-up. Extended time upon approval.

2026 Month	Day of the Week Monday – Sunday	List Date(s) 6,13,20,27	Dates Not Available to Reserve	Event Time (ex:8am-9am)
January			1/1, 1/19-CLOSED	
February				
March				
April			4/2-CLOSED @ NOON 4/3, 4/6-CLOSED	
May			5/25-CLOSED	
June			6/1-SUMMER OFFICE HOURS BEGIN 8:30A-12P	
July			7/2-CLOSED @ NOON 7/3-CLOSED	
August				
September			9/7-CLOSED	
October			10/5-RESUME REGULAR OFFICE HOURS 8:30A-12P, 1P-4:30P	
November			11/25-CLOSED @ NOON 11/11,11/26, 11/27-CLOSED	
December			12/23, 12/30-CLOSED @ NOON 12/24, 12/25, 12/31-CLOSED	

If requesting a special room set-up, please complete the form on back page.

Please use the proper forms for Bulletin articles, Announcements and Pre-Mass Talks.

OFFICE USE ONLY:

☐ **Pastors Review** _____

☐ **Maintenance + Copy** _____

☐ **Website Posting** _____

Safety, Security, and Compliance ☐ **Julio**

☐ **Compliance**

☐ **ERT** **Compliance Officer Signature** _____

Date Entered into Book: _____ **By:** _____

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Room Set-Up Request

FORM MUST BE FILLED OUT BY LEAD OF MINISTRY

# of Card Tables	# of Chairs	# of 6 foot tables	# of Round Tables	TV	VCR	Computer	Screen	Microphone	Other

IF YOUR EVENT IS USING OUR TABLECLOTHS, IT IS THE MINISTRY'S RESPONSIBILITY TO HAVE THEM LAUNDERED AND RETURN WITH IN 2 DAYS

I, the Ministry Lead, of the ministry/organization requesting the above will abide by instructions given above.

Ministry/Organization Lead Signature: _____ Date: _____

If you need a specific Room Set-up, please draw in the Space below.