

OUR LADY OF THE VALLEY PARISH

Request for use of Facilities

Subject to change at any time after approval Initial: _____

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:

<input type="checkbox"/> 208	<input type="checkbox"/> 210	<input type="checkbox"/> 213A	<input type="checkbox"/> 213B	<input type="checkbox"/> 225	<input type="checkbox"/> OLG	<input type="checkbox"/> St. Joseph	<input type="checkbox"/> St. TC	<input type="checkbox"/> St JP II
<input type="checkbox"/> Hall	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Narthex	<input type="checkbox"/> Chapel	<input type="checkbox"/> Church	<input type="checkbox"/> Patio	Website	<input type="checkbox"/> Y	<input type="checkbox"/> N

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				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

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:** _____

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.