

OUR LADY OF THE VALLEY PARISH

ROOM SET-UP REQUEST

Today's Date _____ **Form must be filled out by Lead of Ministry**

Please fill out the form and return to the Parish Office as soon as possible prior to the event.

Organization / Ministry _____

Name of Event _____

Lead Contact Name _____

Lead Contact Phone Number _____ E-mail _____

Room Number _____ Meeting/Event Date _____

Set-Up Time _____ End Time _____

Time of Event _____ to _____

Please Read & Sign _____

DO NOT LEAVE THE DOORS OPEN IN THE HOLY FAMILY CENTER OR THE CHURCH.

# Card Tables	# Chairs	# 6 foot Tables	# Round Tables	TV	VCR	Computer	Screen	Micro- phone	Other

IF YOUR EVENT IS USING TABLECOTHS, THEY NEED TO BE LAUNDERED & RETURNED WITHIN 2 DAYS

If you need a specific Room Set-up, please draw on the back side of this form →

Ministry Lead Signature

Date

OFFICE USE ONLY Date Received _____ By _____ Revised 2/06/25