

# St. Roman Catholic Church

## Room Reservation Form

**Group**

Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Event**

Event Name: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Time requested for set up: \_\_\_\_\_

Time of anticipated completion for clean up: \_\_\_\_\_

Date of Event: \_\_\_\_\_ OR Date pattern for reoccurrence as listed below:

Day of Week:	Occurrence:	Starting Date:
<input type="checkbox"/> Sunday	<input type="checkbox"/> Weekly	_____
<input type="checkbox"/> Monday	<input type="checkbox"/> Every other	Ending Date:
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 1st	_____
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 2nd	
<input type="checkbox"/> Thursday	<input type="checkbox"/> 3rd	
<input type="checkbox"/> Friday	<input type="checkbox"/> 4th	
<input type="checkbox"/> Saturday	<input type="checkbox"/> 5th	OR <input type="checkbox"/> See attached list of specific dates

**Room ~ Requirements**

Room (s) Requested:  
(Please check all areas that need to be accessed for the above event.)

<input type="checkbox"/> Adamski Hall	<input type="checkbox"/> Parish Office Meeting Room	<input type="checkbox"/> Church
<input type="checkbox"/> Adamski Hall Kitchen	<input type="checkbox"/> Parish Office Lower Meeting Room	<input type="checkbox"/> Narthex
<input type="checkbox"/> Adamski Hall Bar Room	<input type="checkbox"/> Parish Office Upper Meeting Room	<input type="checkbox"/> Narthex Kitchenette
<input type="checkbox"/> Betz Center	<input type="checkbox"/> Parish Office Print Room	<input type="checkbox"/> Church Meeting Room
<input type="checkbox"/> Betz Center Meeting Room	<input type="checkbox"/> Parish Office Resource Room	<input type="checkbox"/> Choir Room
<input type="checkbox"/> Units	<input type="checkbox"/> Other _____	<input type="checkbox"/> IMC

Specify Room Name

Each organization is responsible for their own set up and clean up for their event. If there is something that you need maintenance assistance for, a work request form must be submitted a week in advance of the event or you may draw a rough diagram of set up on the back of this sheet.

Anticipated Equipment Needs:

<input type="checkbox"/> Microphone	<input type="checkbox"/> Podium
<input type="checkbox"/> TV	<input type="checkbox"/> VCR
<input type="checkbox"/> DVD	<input type="checkbox"/> Projector
<input type="checkbox"/> Screen	<input type="checkbox"/> Piano
<input type="checkbox"/> Table cloths	<input type="checkbox"/> Table Identification Card Holder
<input type="checkbox"/> Other specific reusable supply/equipment needs: _____	