

# ST. CLEMENT CHURCH ROOM RESERVATION FORM

Name of Ministry/Organization: \_\_\_\_\_

Person making request: \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Numbers: Home/Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Requested date(s): \_\_\_\_\_ Alternative date(s): \_\_\_\_\_

Start time: \_\_\_\_\_ am/pm End time: \_\_\_\_\_ am/pm

Special needs or requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Location of Event:

### Education Center:

Room 9

Room 10

Room 11

Room 12

Youth Portable

St. Ignatius Portable

### Cronin Hall:

Kitchen side

Middle section

Stage side

Strawberry room

Kitchen

### Church:

Main Church

Chapel

Cry room

Library

Choir room

Pastoral Office

### Office:

Conference room

## **IMPORTANT NOTICE, PLEASE READ CAREFULLY:**

It is the responsibility of each ministry using the facility to **SET UP, CLEAN UP AND PUT ROOM BACK THE WAY IT WAS FOUND.** If any deficiencies are noted, please give written notice to the church office (e.g. non-functioning equipment, extra cleaning necessary, etc.). If you are in need of any equipment, it is your responsibility to pick it up from the office the day of your event along with the key to the room you are requesting. Equipment and key must be returned to the office the next business day (or key may be dropped off in the Key Box outside of the parish office).

Initials of person making request: \_\_\_\_\_

Date request received: \_\_\_\_\_

Date entered: \_\_\_\_\_

Entered by: \_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_