

Office Use Only:		
Date Received	__/__/__	Priority ____
Date Entered	__/__/__	

Scheduling Request Form

Please fill out this form with your request for use of facilities during the coming year. It is important that you fill out this information exactly.

Date / / Event Name (optional) _____

Organization _____

Contact Person _____

Address _____

City/State _____ Zip/Postal Code _____

Phone (____) _____ - _____ Fax (____) _____ - _____

E-mail _____

What facility do you wish to use? _____

Second choice? _____

What dates do you require? From: / / To: / /

What time do you need? Beginning: _____ (am)(pm) Ending: _____ (am)(pm)

Setup: _____ (minutes) Cleanup: _____ (minutes)

What frequency? (daily, weekdays, 2nd Tuesday, monthly, etc.) _____

Any exceptions to the frequency? (certain dates, months, etc.) _____

Other Comments (number of tables, chairs, etc.) _____

Specific Room Requirements: Special arrangements need to be made for use of the computer/televisions in the parish hall by calling the office one week before the scheduled event.Label41