

Email form to flefebvre@smmcatholic.org

Facility Set Up Request				
Ministry/Event:				
Date Requested:				
Time Requested:	From:	am or pm to	am or pm	
Published Time:	From:	am or pm to	am or pm	
Contact:	Name: Telephone:	Day a	nd Evening	
Expected Attendance:				
Person Responsible for Cleanup:				
Rooms/Area Requested:				
Moveable Walls:	Please Choose: Open or Closed			
Kitchen Serving Window:	Please Choose: Open or Closed			
Special Equipment Needed:				
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APPROXIMATE ROOM SETUP DESIRED: Keep	in mind that we own 8 round tables, 22 rectangular tables (in
PREP is not in session at the time of your event), 100 padded at	nd 55 metal chairs, seating 6 - 8 at each table.
(Please sketch o	ut room layout)
>	

Kitchen Window

Office Use Only				
Approved:	Date:	Staff:		