

Email form to flefebvre@smmcatholic.org

| Facility Reservat | ion Request | | |
|------------------------------|--|-------------------------------------|--------------------------------|
| Instructions: | Fill out the request form and return it to the parish office. Your request is not final until approved. Confirmation will be sent via e-mail. A separate 'room diagram' should be drawn on the Facility Set Up Request if our parish maintenance is needed for setup/tear down. Movable walls can only be set/changed by maintenance or certified individuals. If event is changed the parish office must be notified immediately and a new request form may need to be submitted. | | |
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| Date Requested: | | | |
| Time Requested: | | | |
| Published Time: | | | |
| Ministry/Event: | | | |
| Contact: Name: | | | |
| | Email: | | |
| | Telephone: | | |
| Expected Attendance: | | | |
| Rooms/Area Requested: | | | |
| Sanctuary: | Kitchen: | Sound Services Required: Yes or no? | |
| Room 101: | Room 102: | Grounds: (where) | |
| Room 107: | Room 108: | Wall Connecting: Yes or no? | |
| Room 103*: | Room 104*: | Wall Connecting: Yes or no? | |
| Room 105: | Room 106: | Used as Nursery: Yes or no? | |
| *Use Rooms 103/104 for | adult meetings or | nly when others a | are filled, these have Nursery |
| furnishings. | | | |
| Additional Comments: | | | |
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| | | Office Use Only | |
| Approved: | | Date: | Staff: |
| Requestor Notified: | | Date: | Staff: |
| Entered on parish calendar: | | Date: | Staff: |
| Copy to Maintenance: | | Date: | Staff: |
| Copy to Nursery Coordinator: | | Date: | Staff: |