FACILITY REQUEST FORM

Group:_____ Contact Person:_____

Address:_____City:_____Zip:____

Home #:_____Work #:_____Cell #:_____

Event Title: _____ email _____

Date	Start Time	End Time	Location	2nd Choice

A	Atrium	HK	Hall Kitchen
Ch	Church	JD	Juan Diego
DB	Don Bosco Nursery	LR	St Lorenzo Ruiz
DD	Dorothy Day	MdP	St Martin de Porres
FA	St Francis of Assisi	MPR	Multi-Purpose Room
FL	Fr Lane	OLL	Our Lady of Lavang
G	Gym	MC	St Cecilia Music Center
H	Hall	SunM	Sunday Mass (extra 5 min)

Users are responsible for safeguarding facility when in use, closing and securing facility in a satisfactory manner after use and advising office of any changes or cancellations!

Signed: _____Date: _____

Received by: _____Date: _____