Facility Request Form

Group Name _____ **Contact Person**_____**email**_____

Address_____**City**_____**Zip**_____

Home #_____**Work #**_____**Cell #**_____

Group Type ***(check one)*** _____ **Parish Sponsored** _____ **Independent Collaborators in Ministry** **(*)** _____**Other**

Event Title	Date	Room Use Start Time	Event Start Time	Room Use End Time	Location	Second Choice	Approximate # of Attendees

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

- * See Parish Administrator to sign Building use Agreement

Revised 2/17/17