

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

**** When selecting Location, Please base decision on number of people attending the event—See below for suggested approximate capacity.****

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

- | | | | |
|---------------------------------|----------------------------------|------------------------------|--|
| A Atrium (CGS only) | FA St Francis of Assisi (4-6) | HK Hall Kitchen | MPR Multi-purpose Room (over 20) |
| Ch Church (Prayer related only) | FL Fr Lane Room (15- 30) | JD Juan Diego (15) | OLL Our Lady of Lavang (6-12) |
| DB Don Bosco Mtg Room (10-12) | G Gym (sports only)Use Gym form* | LR St Lorenzo Ruiz(12-20) | MC St Cecilia Music Centr (staff led only) |
| DD Dorothy Day Room (12-14) | H Hall (over 30) | MdP St Martin de Porres(4-7) | <u>(# of people serviced)</u> |

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