

OFFICE USE ONLY:

Date received ____/____/____ Priority ____

Date entered ____/____/____

SCHEDULING REQUEST FORM FOR PARISH MEETING ROOMS

Event Name as it should appear on the church calendar: _____

Organization/Ministry _____
(eg: CRHP, Religious Education, Youth, etc.)

*Contact Person & Phone Number _____
(PLEASE PRINT!)

*Ministry Heads only are authorized to reserve rooms.

Approximate number of persons attending: _____

Do you require the use of media equipment? YES* NO If yes, please specify DVD, Power Point, etc:

***The ministry leader must contact the office manager to arrange for media equipment instructions and to pick up keys for the screen and equipment cabinet.**

Do you require use of the kitchen? YES NO

Meeting Date(s) From: ____/____/____ To: ____/____/____
Time Beginning: ____: ____ am pm Ending: ____: ____ am pm

Set up time: 15 minutes before Clean-up time: 15 minutes after

***If this event occurs regularly, (e.g., every Tuesday evening from 7:00 pm to 9:00 pm) in the same location, please indicate any EXCEPTION dates:**

Daily _____

Weekly _____

Monthly _____

**If meeting dates and/or times are sporadic, please complete a separate form for each date.
For special room set-up, please attach a diagram of table/chair arrangement.**

DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY

Full Activity Room Activity Room A Activity Room B
(1/2 of Activity Room) (1/2 of Activity Room)

PLEASE RETURN THIS FORM TO CAROLE ROMANINI. YOU WILL BE NOTIFIED WHEN YOUR ROOMS HAVE BEEN RESERVED.