

SCHEDULING REQUEST FORM

Name of Group/Organization: _____

Name of Person making request: _____

Name of Event: _____

Contact Numbers: Home/Work _____ Cell _____

E-mail _____

Special Needs or Requests: _____

IMPORTANT NOTICE, PLEASE READ CAREFULLY:

It is the responsibility of each ministry using the facility to **SET UP, CLEAN UP AND PUT ROOM BACK THE WAY IT WAS FOUND.** If any deficiencies are noted, please give written notice to the church office. (e.g. non-functioning equipment, extra cleaning necessary, etc.). If you are in need of any equipment, it is your responsibility to pick it up from the office the day of your event along with the key to the room you are requesting. Equipment and key must be returned to the office the next business day (or key may be dropped at the Drop Key Box outside of the parish office).

Initials of person making request _____

-----FOR OFFICE USE ONLY-----

Date request received: _____

Date entered: _____

Approved: _____

Entered by: _____

Proposed Date(s): _____

Time: _____ to _____

Alternate Date(s): _____

Time: _____ to _____

FACILITY REQUESTED:

Cronin Hall:

of people attending meeting: _____

Kitchen side ____ Middle ____ Stage ____

Kitchen only ____ Strawberry Room ____

Church:

Main Church ____ Cry Room ____

Chapel ____ Pastoral Office ____

Education Center:

Room 1 ____ Room 9 ____

Room 2 ____ Room 10 ____

Room 3 ____ Room 11 ____

Room 4 ____ Room 12 ____

Youth portable ____ St. Ignatius portable ____

Office:

Loyola Conference room ____