

Room Request Form

Please fill out the form below. Remember this is only a REQUEST form and does not guarantee the room. When you have completed this form, please return to the Parish Office and your Room Reservation will be confirmed. **If you have not received confirmation, your room reservation has not been officially reserved.**

Office Use Only:

Date Received: _____

Date of Deposit: _____

Date Paid in Full: _____

Check # _____

Calendar: _____

Contact Information:

Event Name/Organization Name _____

Date of Event: _____

Expected Head Count at Event: _____

Contact Person: _____

Phone/Cell Number: _____

E-Mail Address: _____

Date(s) of Occurrence: Fill in the appropriate information.

Single Instance

Date: _____

Start Time: _____ End Time: _____

Weekly

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

Room Preference

- Yeoman Hall
- Lounge
- Conference Room
- Classroom(s) # _____
- Church
- Kitchen

Please answer the following questions by circling YES or NO

Will you need the use of the kitchen? YES or NO

Will you be using coffee, tea, etc.? YES or NO

Do you need any audio-visual equipment? YES or NO
(if YES, please describe below
or back of page.)

Clean up

Clean up required? YES or NO

*2 weeks notice and a \$50 service fee

Monthly

Absolute Date:

Day _____ of every _____ month (s)

-or-

Please Circle the monthly position and enter the weekday

The 1st 2nd 3rd 4th last _____ day of

every _____ month (s)

Start time: _____ End Time: _____