

# 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.

## Contact Information:

Event Name/Organization Name \_\_\_\_\_

Date of Event: \_\_\_\_\_ Expected Head Count at Event: \_\_\_\_\_ Rental Amount: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

**Single Instance**

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Room Preference**

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

**Clean up**

Clean up required: YES / NO  
*\*2 weeks notice and a \$50 service fee*

**Weekly**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

- Monday
- Tuesday  Friday
- Wednesday  Saturday
- Thursday  Sunday

**Please circle YES or NO**

Will you need the use of the kitchen? YES / NO  
 Will you be using coffee, tea, etc.? YES / NO  
 Audio-visual equipment needed? YES / NO  
 (if YES, please describe below or on back of page.)  
 \_\_\_\_\_

**Monthly**

Day \_\_\_\_\_ of every \_\_\_\_\_ month(s)  
 -or-  
 Circle the monthly position & enter the weekday

The 1st 2nd 3rd 4th last \_\_\_\_\_ day of every \_\_\_\_\_ month (s)

Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_  
 Date of Deposit: \_\_\_\_\_  
 Date Paid in Full: \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Calendar: \_\_\_\_\_  
 Confirmation Sent \_\_\_\_\_