

FACILITY USAGE REQUEST FORM

ORGANIZATION: _____

FACILITY/ROOM REQUESTED: _____

DATE OF USE: _____

TIME OF USE:

| | |
|---------------|-------|
| Set up Time | _____ |
| Start Time | _____ |
| Finish Time | _____ |
| Clean up Time | _____ |

REASON FOR USE: _____

REQUESTED BY: _____

PHONE (DAY): _____ **(EVENING):** _____

PERSON RESPONSIBLE FOR FACILITIES DURING EVENT:

IMPORTANT!

- ◆ Do not assume use of facility. All requests will be confirmed after referring to the master calendar.
- ◆ Please advise of plans for additional electrical usage.
- ◆ Remember - NO tape on the drywall please.
- ◆ Please use the back of this page for any additional notes.

**RETURN COMPLETED FORM TO THE PARISH OFFICE
ATTN: BARB RUHL**

Date Request Received: _____

Date Request Approved: _____

Date Request Confirmed: _____