

FACILITIES USAGE REQUEST
HOLY DISCIPLES CATHOLIC CHURCH

ORGANIZATION: _____

NAME OF EVENT: _____

CONTACT PERSON _____

CONTACT PHONE NUMBER _____ DURING EVENT _____

DATE OF EVENT _____ TIME Event Starts: _____ Ends: _____

Provide the time event begins and ends. One hour for set up is allotted prior and one hour for clean up afterward. Please note if more time is required

GROUP REQUESTING USAGE _____

TYPE OF EVENT _____ # ATTENDING _____

SPACE PREFERRED: *Circle All that Apply*

CLASSROOM #1
CLASSROOM #2
CLASSROOM #3
CLASSROOM #4

WORSHIP SPACE
KITCHEN
NURSERY
ST. CECILIA ROOM

OFFICE
WORKROOM
CONFERENCE RM.

Please set up your space as you need it and put it back the way you found it. If you need extra tables and chairs please contact the office ahead of time.

APPROVED BY: _____ DATE _____

Common: facilities usage request 2016

Online Calendar _____