

Facility Request Form

- Group/Ministry Event
- Parishioner/Social Event

Group or Ministry: _____

First Name: _____ Last Name: _____

Date(s) Of Event: _____

Number of Attendees/Guests: _____

Start Time: _____ End Time: _____

Set Up Time (if applicable): _____

Frequency of Event (weekly, monthly, etc): _____

Purpose of Event: _____

Email: _____

Phone Number: _____

Additional Information:
