



St. Rose of Lima Catholic Church
A PARISH OF THE ROMAN CATHOLIC ARCHDIOCESE OF SAN ANTONIO

Facilities/Calendar Request Form

This is to be used if you are requesting use of SRL facilities and to have your activity/event posted on the calendar. Request must be submitted at least 3 weeks prior to posting date, first come-first served.

Name of Organization: _____

Contact Person: _____ Alternate: _____

Phone #: _____ Phone #: _____

E-Mail: _____ E-Mail: _____

Date Requested: _____ Actual Time of Function: _____ - _____
start end

Entire Time Facility Requested to include set-up and clean-up: _____ - _____
Start end

Area Requested: (Please check all that apply)

- Main Hall Room #1 Room # 2 Room #3 Old Cry Room
 Conference Room Kitchen Bar-B-Q Area Picnic/Festival Grounds
 Main Church Chapel Front Parking Lot Area Back Parking Lot Area

Briefly Describe Purpose of Event: _____

Is this event Social or A Fundraiser
 Will Money be generated from this event? yes no
 Please estimate approximate percentage of people attending:
 Parishioners Non-Parishioners

Any other information you feel we should know:

 Printed Name of Person Submitting Request: Signature

Date: _____ Phone: _____

For Office Use Only: _____ Date Received

Approved by Pastor Approved by Office Manager Posted on Calendar

Notes: