



# St. Rose of Lima Facilities 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
<input type="checkbox"/> Approved by Pastor	<input type="checkbox"/> Approved by Office Manager <input type="checkbox"/> Posted on Calendar
Notes:	