



SAINT ALPHONSUS LIGUORI PARISH

Loved and Called by God

ROOM RESERVATION FORM – Outside Group

Today's Date _____

Name of Outside Group Requesting Meeting Space: _____

Day and Date of Meeting: _____

_____ Single Meeting

_____ Recurring Meeting

If this is a reoccurring meeting how often? *Weekly/Monthly/ Semi-yearly/Yearly*

Dates of upcoming meetings: _____

Time of Meeting: _____

Is Set up Needed? If so when and how much time: _____

How much time, before the meeting start, is required for set up? : _____

Which Room(s) are your Requesting? _____

Contact Person Name: _____

Contact Person Telephone Number: _____

Contact Person E-mail: _____

- Room request should be made at least a week ahead of time
- If equipment and room set up is needed, an additional "Room set up" form must be completed and returned at least 3 work days prior to the meeting.
- Completing a room request form does not guarantee the use of the room. It must be approved.
- Please return form as soon as possible to Wendy Mattison in the rectory

Hours: M-F 9am – 4pm * 847-255-7452