

St. Mary of the Miraculous Medal Room Reservation Request

DATE: _____

MINISTRY: _____

NAME OF PERSON REQUESTING: _____

PHONE NUMBER: _____ EMAIL: _____

DESCRIPTION OF EVENT: _____

DATE REQUESTED: _____

START TIME: _____ END TIME: _____ (NO LATER THAN 9:00PM SUNDAYS THROUGH THURSDAYS)

SET UP TIME: _____ BREAK DOWN: _____

RECURRING EVENT? _____ WEEKLY _____ MONTHLY

LOCATION REQUESTED: _____ # of people _____

WILL THERE BE FOOD? _____ YES _____ NO

PASTOR'S APPROVAL: _____

DATE: _____

FEE: _____

RECEIVED BY: _____

DATE: _____

CALENDAR CONFIRMED: _____

BY: _____