

# ST. FRANCIS OF ASSISI CALENDAR/FACILITY REQUEST FORM

## ONE TIME REQUEST

<b>1. GENERAL INFORMATION</b>	
GROUP/MINISTRY NAME: _____	
CONTACT PERSON: _____	PHONE: _____
TYPE OF EVENT/FUNCTION: _____ <span style="float: right; font-size: small;">CELL OR HOME</span>	

<b>2. ONE TIME REQUEST (EXAMPLE: SATURDAY, JANUARY 1, 2020)</b>	
DATE REQUESTED/OPTION #1: _____,	_____ 20
DATE REQUESTED/OPTION #2: _____,	_____ 20
SET UP TIME: _____ AM/PM TO _____ AM/PM	
EVENT TIME: _____ AM/PM TO _____ AM/PM	
CLEAN UP TIME: _____ AM/PM TO _____ AM/PM	

<b>3. FACILITY REQUESTING (CHECK ALL THAT APPLY)</b>		
<p><u>CHURCH BUILDING</u></p> <input type="checkbox"/> MAIN CHURCH <input type="checkbox"/> MARY'S CHAPEL <input type="checkbox"/> ST. JOSEPH'S CHAPEL <input type="checkbox"/> BRIDAL ROOM <input type="checkbox"/> FRONT AWNING <input type="checkbox"/> GROTTA OF MARY <p><u>PARISH HALL BUILDING</u></p> <input type="checkbox"/> MAIN HALL <input type="checkbox"/> KITCHEN <input type="checkbox"/> BETENBAUGH ROOM <input type="checkbox"/> FOYER <input type="checkbox"/> BREEZEWAY PATIO <p><u>PARISH OFFICE BUILDING</u></p> <input type="checkbox"/> CONFERENCE ROOM A <input type="checkbox"/> CONFERENCE ROOM B	<p><u>RECTORY</u></p> <input type="checkbox"/> FISHROOM <input type="checkbox"/> DINING ROOM <input type="checkbox"/> KITCHEN <input type="checkbox"/> CENTER COURTYARD <input type="checkbox"/> ENTRANCE PATIO <p><u>SCHOOL GROUNDS</u></p> <input type="checkbox"/> CINDY MEEK ENRICHMENT CENTER <input type="checkbox"/> KITCHEN <input type="checkbox"/> TEACHER'S LOUNGE <input type="checkbox"/> CLASSROOM # _____ <input type="checkbox"/> OUTDOOR CHAPEL <input type="checkbox"/> OUTDOOR GRASS AREA <input type="checkbox"/> BASKETBALL COURTS <input type="checkbox"/> OUTDOOR AWNING	<p><u>YOUTH CENTER BUILDING</u></p> <input type="checkbox"/> GYM <input type="checkbox"/> BASKETBALL HOOPS <input type="checkbox"/> AUDIO SYSTEM <input type="checkbox"/> BLEACHERS <input type="checkbox"/> MICROPHONE <input type="checkbox"/> MEETING ROOM 1 <input type="checkbox"/> MEETING ROOM 2 <input type="checkbox"/> KITCHEN <input type="checkbox"/> PARKING AREA <input type="checkbox"/> OTHER _____ _____ _____

PLEASE COMPLETE AND RETURN TO ISABEL RUIZ IN THE FACILITY OFFICE, OR BY EMAIL AT IRUIZ@STFRAN.ORG