

St. Monica Catholic Church
Request to Schedule Meeting/Event

Meeting: _____

Date Request Submitted: ___/___/___ Requested By: _____

Desired Date(s): From: ___/___/___ to: ___/___/___

Day of Week: _____

Alternate Date(s): From: ___/___/___ to: ___/___/___

Reserve/Setup Time: From: ___:___ m to: ___:___ m

Event Start Time: From: ___:___ p.m. to: ___:___ p.m.

Cleanup Time: From: ___:___ m to: ___:___ m

Room(s) Requested: _____

Number Expected: _____ Will event need kitchen access? Yes No
Sound Equipment? Yes No TV/VCR? Yes No

Chairs: # _____ Type: _____ Tables: # _____ Type: _____

Person Responsible: _____

Day Phone: (____) _____ - _____ Night Phone: (____) _____ - _____

Group: _____ Leader: _____

Note: As a ministry/organization of St. Monica Parish, we understand it is a privilege to use the facility and we are not being charged because of our affiliation/service to the church. We understand that it is, however our responsibility to leave the facility clean and in better condition than we find it. Air-condition, lights, and gas (kitchen) must be turned off and all trash must be disposed of and furniture placed in its proper place. If we fail to be good stewards and take proper care of the facility, we understand our ministry/organization will assess a penalty of **\$25.00 - \$100.00** (determined by size of area being used) and until the penalty is paid, our privileges will be suspended.

Name (Printed)

Signature

Date Received: ___/___/___

Date Approved: ___/___/___

Approved By: _____

Date Notified: ___/___/___

Person Opening: _____

Person Closing: _____