Today's Date_____

St. Malachy
Request Form for Scheduling Facility
Calendar Year 2007-2008

NAME OF EVENT_____

Facilities or Room Preferred_____
(Please put down a second choice and be aware that we may ask you to move to another facility if a larger group needs your scheduled space.)

Date (s) of Event From_____ To_____
_____ _____
_____ _____

Start Time_____ **End Time**_____

Setup Time_____ **Cleanup Time**_____

Frequency (i.e. Weekly, every first Tuesday, etc.)_____

Committee/Organization_____

*****Additional Information: If this is a fundraiser, a request form has to be completed and approved.**

Contact Person_____

Phone & email_____

Office Use Only

*Staff Signature*_____ *Room*_____ *Date Posted*_____