

Office Use Only: Date Received _____
Date Entered _____
Staff Contact _____

Sacred Heart Parish Scheduling Request Form

Please fill out this form with your request for use of facilities during the (August 2016 -- August 2017)

Today's Date _____ Event Name _____

Organization _____

Contact Person _____

Address _____

City/State _____ Zip/Postal Code _____ Home Phone _____

Cell Phone _____ Email _____

What facility do you wish to use? _____

Second Choice _____

Dates: From: ____/____/____ To: ____/____/____ No. of People _____

Optional Day/Dates _____ Special Needs _____

Time: Beginning: _____(AM)(PM) Ending: _____(AM)(PM)

Set up: _____ Cleanup: _____

Frequency? (certain dates, months, etc.) _____

Exceptions? _____

Other Comments _____

Liturgy involvement? (circle) Yes No If yes, must go to Margaret Smith

Margaret OK _____ Pastor's OK _____ Clergy required _____

This Hallen Hall or Room Event requires:

Wall AV/Screen _____ Overhead Projector _____
Laptop _____ Microphone _____
TV/DVD _____

Please return this to your staff contact as soon as possible. You will be informed if there are any changes. Within two weeks you should receive a confirmation of your request. If you make any changes, please contact the Facilities Scheduler as soon as possible. Thank you.