

PARISH SCHOOL FACILITIES
REQUISITION FORM

Date: _____

Person or Group Requesting : _____

Event Name: _____

Room(s) Requested _____

Date (s) of Event being requested: _____
Alternate Date (s): _____

Time of Event: From _____ A.M./ P.M. To _____ A.M. / P.M.

Set up Date and Time: _____ Tear down Date and Time _____

I agree to the guidelines and accept responsibility for use of the above facility.

Name : _____

Address: _____

City Zip : _____

Phone No. (Home) _____ (Work) _____

Calendar planning is done at the Parish Staff Meetings

Permission for facilities use for above dates and times given by: _____

Person responsible notified _____

Entered into Parish Calendar _____ Computer _____ Book _____

Use of facilities for above date and time was not approved or changed due to the following reason _____

Complete in duplicate (Yellow & Blue) forms available from the Rectory