

ST. JOAN OF ARC

BUILDING USE REQUEST FORM

Date Recv'd	_____
Approved	_____
Calendar	_____
Update	_____

THIS COMPLETED FORM IS DUE
IN THE PARISH OFFICE 10 DAYS PRIOR TO YOUR EVENT.

Completion of this form does not constitute an agreement regarding your request. The information on this form will be forwarded to Fr. Mike at the Parish Office. You will then be contacted with further information regarding availability. *Thank you for your cooperation.*

Event _____ Ages/Gr _____

Contact Person for Event _____

Email _____

Group Organizing Event _____

Phone-Daytime _____ Evening _____

Date: 1st Choice _____ 2nd Choice _____

(In case your original date is unavailable, please list a 2nd choice)

Hours of Event (Include set-up and clean-up in hours)

From: _____ To _____

Hours of Event (To be published on monthly calendar)

From: _____ To _____

Please check which room you are requesting.

CHURCH

EDUCATION CENTER

- | | |
|---|---|
| <input type="checkbox"/> WORSHIP SPACE
<input type="checkbox"/> BRIDE'S ROOM
<input type="checkbox"/> CHAPEL
<input type="checkbox"/> COMMUNITY ROOM
<input type="checkbox"/> PARISH OFFICE
<input type="checkbox"/> NARTHEX | <input type="checkbox"/> CLASSROOM
<input type="checkbox"/> YOUTH ROOM
<input type="checkbox"/> LIBRARY
<input type="checkbox"/> SMALL CONFERENCE ROOM
<input type="checkbox"/> MULTI-PURPOSE ROOM
<input type="checkbox"/> LECTURE ROOM
<input type="checkbox"/> GYM |
|---|---|

PLEASE INCLUDE ALL DATES IN FISCAL YEAR

Approximately, how many people will be attending? _____

Will this event be: One time use? _____ Recurrent Use? _____

If a recurring event: Weekly? _____ Daily? _____ Monthly? _____

Which day of the week? _____ Until when? _____