

OFFICE USE: Received: Date: _____ Initialed: _____ Entered Scheduler: Date: _____ Initialed: _____
--

St. Mary's Calendar Request Form ☩ 540-552-1091

Please return completed form to church secretary.

Requesting organization: _____

Meeting/event title: _____

Requested event day and date(s): _____

(Please note recurrent requests – *for example, every Monday or every third Wednesday, etc.*)

Requested start time: _____ Requested end time: _____

Which meeting space are you requesting? Please circle:

- | | |
|-----------------------------|----------------------------------|
| N – Narthex | Lib – Library |
| PH – Parish Hall | VCR – Vatican II Conference Room |
| G – Church Grounds | WA – Worship Area |
| HCR – Haiti Conference Room | BSC – Blessed Sacrament Chapel |
| K - Kitchen | |

Contact person full name: _____

Contact phone number(s): _____

Contact email address: _____

Anticipated attendance: _____ Does access to building need to be arranged? Yes _____ No _____

**All table and chair set-up is the responsibility of the group.
Tables and chairs must be returned to original set-up.**

Will you be using the kitchen for warming or staging? Yes _____ No _____
The kitchen is not approved for cooking; please direct specific questions to the church office.

Number of minutes (if needed) for: setup _____ cleanup _____

Who will be responsible for the clean up? _____

Phone number: _____

Who will be responsible for locking up the church? _____

Phone number: _____