

Holy Family Catholic Church & School
Facilities Request Form

Today's Date: _____

Date of Event: _____

Name of Organization

Facility Requested

Time event will **start:** _____ **am/pm**

Set up: _____ **min**

Time event will **end:** _____ **am/pm**

Clean up: _____ **min** (Required if food)

Food ____ Yes ____ NO

Reoccurring Events (How often): _____

Start Date: _____ End Date: _____

Remarks: (Please detail equipment needs, furniture set up, etc. *If food/beverages are served no leftovers may remain in the kitchen after event. (Health Regulation)* If: Funeral, Wedding, Consultation, etc. please include names

***LIST EVENT DETAIL BELOW**

Contact Person (Tel.(h/c)/email): _____

Other Contact: _____

*****Office use below*****

Date/Initial "Scheduler" entry: _____

Revised 1/12/05 TP/DJK Source "H" Tina/Facilities R.F.

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