

All Souls Catholic Church Facilities Request Form

Organization/Ministry requesting space _____

Contact Person _____ Phone: _____

Person(s) Responsible for Set up/Clean up: _____

Date of Event _____ Name of Event _____

Time of Event From _____ To: _____ (include set up and tear down time)

Chapel Church Social Hall Parish Conference Room Suite C upstairs

Other, please specify: _____

Approximately how many people do you expect? _____ Number of Tables _____ Number of Chairs _____

Use of Social Hall requires the additional submission of the **Set up schematic**. Please initial & attach _____

This activity will be placed on the parish calendar, if approved. Do you want this activity published in the bulletin? YES NO

If YES, please provide detailed event information in an article with clipart/photos @ 300dpi attached to an email to: office@allsoulssanford.org **three weeks prior to the event**. Please place "bulletin" in the subject line. If you require a pulpit announcement please state so in the article.

***Your request will be reviewed and you will be notified within 5 (five) business days of approval/denial**

***You may be contacted within those 5 business days if additional information is needed.**

***Please note that Liturgical Events supersede all other parish ministry/organization activities. It is highly unlikely, however in the event that a Liturgical Event needs to be scheduled on the day you desire the use of a facility your event may be canceled.**

This section to be filled out by Parish Office.

Date Request Received: _____ Schematic included? Yes No

Request Approved by _____

Special Instructions:

Request Denied by _____

Reason: _____

Cc: Liturgy/Music Faith Formation Facilities School Business Office

Notes: _____
