



HOLY SPIRIT FACILITY/RESOURCE REQUEST

DATE FORM SUBMITTED: ___/___/___

FACILITY REQUEST

Event Name: _____

Rooms requested: _____

Date(s) needed: _____

Time of Event: from _____ AM PM to _____ AM PM

**Event time should NOT include set up time or clean up time.*

Set-up time needed: _____ hrs / mins Clean-up time needed: _____ hrs / mins

Requested by: _____ Phone #: _____ E-mail: _____

Description of Event (if applicable). *This will be visible to those who look at the online calendar for more details.*

RESOURCE REQUEST

Mark all that apply:

___ Maintenance Personnel (Billed at \$25/hr per event/set-up/take-down)

___ DVD TV Cart

___ Projection Screen

___ Portable Sound System

___ CD Player

___ Laptop

___ Hand-held Sound System

___ LCD Projector

___ Podium

___ Movable Walls

Chairs: Number needed # _____

___ Cash Box

Tables: Number needed and style

___ Keyboard

Round _____ # Oblong _____

Gray _____ # Lunch Tables _____ (these require staff assistance for set up and take down)

If you require set-up assistance, complete an area footprint form available at the Parish Office.

Describe your set-up request:

ALL REQUESTS SUBJECT TO APPROVAL BY PARISH ADMINISTRATOR

FOR OFFICE USE ONLY Approved by: _____

Date entered on calendar: _____

Unable to schedule because: _____

Requestor Notified: _____