

**ST. KATERI TEKAKWITHA CATHOLIC COMMUNITY
FACILITY REQUEST FORM**

Name:	Organization/Ministry:	Today's Date:
Person responsible at the meeting:	Phone number: (Contact person present at event)	E-mail: (For person responsible at the time of meeting)
Date(s) Requested: <i>(If recurring event, please list all dates and/or describe the occurrence. For example, "Every Tuesday from July through January")</i> <u>NOTE: annual events and Liturgical celebrations will take precedence over some recurring events.</u>	Time Requested: <i>(From what time to what time. ie. 5:00pm – 8:00pm)</i>	Setup Time: Meeting Time: Clean up/Completion Time: <i>(Please turn off lights when exiting)</i>
Purpose of meeting:	#of people expected: Approximately: Or Exactly:	*Person responsible for clean up:
<p>Requested Facility: <i>(Note: If there is a conflict with your request, you will be notified as soon as possible.)</i> <i>(Please check all that apply)</i></p> <p align="center"><u>BEAUMONT SITE</u></p> <p>Church Sanctuary Beaumont Hall Main Hall Room #2 Room #3 Room #4 Dining Room Kitchen* Trinity Room</p> <p align="center"><u>BANNING SITE</u></p> <p>Church Sanctuary Chapel Ministry Center Children's Chapel Cafeteria/Kitchen* Religious Education Center Classroom #1 Classroom #6 Classroom #2 Classroom #7 Classroom #3 Classroom #8 Classroom #4 Classroom #9 Classroom #5 Banning Office Conference Room</p>		<p>Special needs: <i>(Please check all that apply)</i></p> <p align="center">Audio/Visual Equipment Tables Qty: Banquet/Rectangular Round Chairs Qty:</p> <p><u>Other needs and notes:</u></p> <p><u>Clean-up Instructions:</u> Please remember to turn off the lights and AC/Heaters and close all doors to the building when leaving. Please ensure that all doors are locked as you leave. Please make sure the room is clean and orderly as you leave.</p> <p><i>Please take your trash with you.</i> If you must clean the tables/chairs before or after use, please wipe with water only. Do not move or stack tables and chairs.</p> <p><i>*If applicable, please wash dishes and wipe down surfaces.</i></p> <p>Initial here: _____</p>

For office use only:

Approved: yes/no by: _____ Scheduled by : _____ Room scheduled _____
Placed on facility calendar:(date) _____ Contacted responsible party: _____ (initials) _____ (date) _____