

SAINT AGNES FACILITY REQUEST FORM

Today's Date _____

Group Name: _____
 Facility Requested: _____
 Activity: _____
 Number Present: _____

Contact Person: _____
 E-mail Address: _____
 Phone: (Home): _____
 Phone: (Work or cell): _____

OTHER NOTES: _____

	EVENT/ MEETING DATE	DAY OF WEEK	PUBLISHED IN BULLETIN		FACILITY OPEN (For Set-up)	FACILITY CLOSED (Clean-up)	ADDITIONAL NEEDS (Please note chairs needed, tables moved, chapel set-up, TV/VCR, etc.)
			START TIME	END TIME			
1							
2							
3							
4							
5							
6							
7							
8							

(Scheduling of events in the church must first be coordinated with the office secretary by checking for any conflict in the Mass Book.)
 Use the reverse side to list additional dates, if needed.

Bus. Mgr. _____