



EMMAUS CATHOLIC PARISH
Facility Reservation Request Form

Today's Date: _____

PLEASE PRINT

REQUESTER

Contact Name: _____ Phone: _____ Email: _____

Ministry/Organization/Staff Area: _____ Staff Liaison: _____

EVENT

New Event Returning Event Recurring Event

Event Title (as it should appear on calendar): _____

Brief Description: _____

Full Description (if event is to be publicized): _____

Day and Date of Event (for multiple dates, please list on reverse side): _____

Event Start Time: _____ Event End Time: _____

Set-Up Time Required: _____ minutes Clean-Up Time Required: _____ minutes

Preferred Meeting Space: _____ Number of People Expected: _____

Will you be serving food and drink? Yes* No

If yes, describe: _____ Source: Potluck Ministry

Will you require use of the kitchen? Yes No If yes, complete and attach kitchen request form.

Special equipment needed: DVD player Microphone Video screen Other: _____

Are you scheduling a street banner (week prior to event only)? Yes* No

Are you requesting childcare? Yes* No **requires budgeting & approval*

NOTES

- 1) Please complete entire form. Incomplete forms or those that are illegible will be returned to the requester. Submit to the Facility Scheduler or to schedule@emmausparish.org. If you prefer to submit your request electronically, access the request form at www.emmausparish.org/facilities.
- 2) Please visit www.emmausparish.org/facilities to familiarize yourself with the guidelines of parish facility usage.
- 3) Facility reservations are based on availability. You are encouraged to submit requests as early as possible, and at least one week in advance. Do not share event without final approval.
- 4) Standard room layouts will be utilized; for special requests, contact schedule@emmausparish.org.
- 5) You will receive a copy of this form noting approval when space has been reserved.

REQUESTER

Contact Name: _____ Phone: _____ Email: _____

ADDITIONAL EVENT DATES

Event Title (as it should appear on calendar): _____

Day of Week	Date Requested	Start & End Times (if different than listed on front)

ADMIN USE ONLY

Pastor's Signature of Approval (if new event): _____

Staff Liaison's Approval (as appropriate): _____

Nursery Requested/Approved Event Approved/Scheduled Entered into Parish Calendar

Upon approval, CC: Requester Staff Liaison Communications

Nursery Coordinator Business Administrator