

St. Anne Catholic Church Facility Use Request Form

(Please fill out completely and submit to Business Manager **No Later** than 14 day Prior to date of event)
(Por favor llene completamente y entregala al Business Manager **14 días antes de su evento**)

Date Request Submitted: _____

Fecha de Solicitud

Event Date: _____

Fecha del Evento

Event Name: _____

Nombre del Evento

Requested by: _____

Nombre de quien pide la Solicitud

Ministry Requesting Event: _____

Nombre del ministerio Solicitando

No. of Attendees _____

Numero de asistentes

Event Start Time: _____

Hora de Finalizacion

Set-up Time: _____

Tiempo de preparacion

End Time: _____

Hora de Finalizacion

Clear Time: _____

Hora de Despejo

Single Event _____ **Recurring Event** _____

Un solo Evento

Evento Recurrente

Frequency: _____

Frecuencia

Recurring Event Dates or End Dates: _____

Fechas recurrentes o Fecha de termino

Room(s) _____

Church

Iglesia

_____ **Parish Hall**

Salon parroquial

_____ **Gym**

Gimnasio

_____ **Gather Room**

_____ **Gym Kitchen**

Cocina del Gimnasio

_____ **Room 12**

_____ **Room 10 (RCIA)**

_____ **Room 13**

_____ **Room 14**

_____ **Room 9 (Juan Diego)**

_____ **Table 1**

Tables: _____ **Qty:** _____

Tables

Cantidad

Chairs: _____

Sillas

Qty: _____

Cantidad

Contact Person: _____ **Phone Number:** _____

Contact Person Email: _____

Special Requirements _____

Set Up (Attach Diagram) _____

Groups must set up the room and put tables and chairs away for each event

Additional Notes: _____

Approved by Business Manager _____ **Date:** _____

Revised: Feb. 2018