

ST MARK CATHOLIC CHURCH

Facility Request Form

Name of Organization Group: _____ Date _____

Group Coordinator/Contact: _____ Reg. Member Yes No

Address: _____

Telephone No. _____

Alternate No: _____

Briefly describe the planned event:

Facility: Church Small Hall Large Hall Priest's Office

CCE Building - **Please contact Estela Lavorgna**

Date of Event: _____ Mon. Tues Wed. Thurs. Fri. Sat. Sunday

Single Event Weekly Monthly Bi-Weekly _____ Other

Time of Event: From: _____ A.M/P.M. to _____ A.M/P.M.

For Office Use Only:

Date Request was Received _____.

Received by: _____