

**ST. NORBERT CHURCH
FACILITY REQUEST FORM**

(714) 637-4360

Today's date: _____

FORM IS TO BE SUBMITTED AT LEAST 15 DAYS PRIOR TO EVENT

Name of Group: _____

Event Coordinator: _____

Name Address

City Zip

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Email Address: _____

NOTE: Set-Up Request Forms are due no later than five (5) days prior to the event.

Dates Requested: _____

Event Start Time: _____ Event End Time: _____

Time you wish to enter the room: _____ AM / PM

Time you wish to exit the room: _____ AM / PM

Facility Requested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Ministry Center Hall & Kitchen | <input type="checkbox"/> Church | <input type="checkbox"/> Mother Teresa Room |
| <input type="checkbox"/> Ministry Center: Partial _____ | <input type="checkbox"/> Ramada | <input type="checkbox"/> Dorothy Day Room |
| <input type="checkbox"/> Ministry Center: Kitchen only | <input type="checkbox"/> Family & Youth Center | <input type="checkbox"/> Oscar Romero Room |
| <input type="checkbox"/> Any Available Facility | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Library (Teilhard de Chardin) |

- | | | |
|--|--|--|
| <input type="checkbox"/> Translation Headsets needed | <input type="checkbox"/> Microphone needed | <input type="checkbox"/> Podium needed |
|--|--|--|

Will alcoholic beverages be present at this event? Yes _____ No _____

Will alcoholic beverages be sold at this event? Yes _____ No _____

Will there be a guest speaker? Yes _____ No _____

If you answered "YES" to any of the above listed questions, or you believe additional information might be helpful, please provide details below:

FOR OFFICE USE ONLY

Request received by: _____ Date received: _____

Walk through completed by: _____ Attended by: _____

Set-Up Form completed Guest Speaker has been approved by our pastor.

Your request: Has been scheduled as requested.

Your events conflicts with a previously scheduled event.

Please contact the Office Manager in the Ministry Center Office.

See Inspection Report for cleaning, damage, or property loss.

Other comments _____

Request approved by: _____

Date: _____

Facility Manager

Date: _____

Pastor