

Our Lady Queen of Peace Meeting-Event Reservation Form

Event: _____

ORGANIZATION: _____

CONTACT PERSON:

Name: _____ Title: _____

Address: _____

City/Zip: _____

Day Phone: _____ Night Phone: _____

Facility requested: _____

(Location, room building, grounds)

Dates Requested: (Please include start and end times)

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

Date _____ Time _____ Facility _____

For Office Use Only

DATE RECEIVED: _____

COMPUTER: _____ POSTED ON CALENDAR: _____