



SAINT ALPHONSUS LIGUORI PARISH

Loved and Called by God

ROOM RESERVATION FORM

Name of Ministry Requesting Meeting: _____

Day and Date of Meeting: _____

_____ Single Meeting _____ Recurring Meeting

If this is a reoccurring meeting how often? **Weekly/Monthly/ Semi-yearly/Yearly**

Dates of upcoming meetings: _____

Time of Meeting: _____

Set up Needed?: _____

How much time, before the meeting start, is required for set up? : _____

Which Room(s) are your Requesting?: _____

Contact Person Name: _____

Contact Person Telephone Number: _____

Contact Person E-mail: _____

Any Equipment Needed: *

_____ Tables

How many tables _____

Which type of tables? (Which type: long, round?) _____

_____ Chairs

How many Chairs per table _____

(Please note green padded chairs will be used only for meetings where there is no food)

_____ Audio Visual Equipment

What equipment is needed? _____

- If equipment and room set up is needed, an additional "Room set up" form must be completed and returned at least 3 work days prior to the meeting.
- Completing a room request form does not guarantee the use of the room. It must be approved.
- Please return form as soon as possible to Reneda Mittman or Wendy Mattison in the rectory

Hours: M-F 9am – 4pm * 847-255-7452