

**Holy Family of Joseph, Mary & Jesus Catholic Church
Request to Schedule Event**

Event: _____

If wedding reception, where is wedding? _____

Date Request Submitted: ___/___/___ Requested By: _____

Single Occurrence? Multiple Occurrences? Frequency: _____

Desired Date(s): From: ___/___/___ To: ___/___/___ Day of Week: _____

Alternate Date(s): From: ___/___/___ To: ___/___/___

Reserve/Setup Time: From: ___:___m Cleanup To: ___:___m

Event Start Time: From: ___:___m Event End To: ___:___m

Room(s) Requested: _____

2nd Choice Rooms: _____

Comment: _____

Number Expected: _____ Will Event Need Kitchen Access ? Yes No Liquor Served ? Yes No

Sound Equipment ? Yes No Additional Fee for Insurance Yes No Private Ins. Cert? Yes No

Specify Sound Equipment: _____

Rental Equipment/Supplies/Inflatables (Add'l fees may apply)? Yes No

Specify Type: _____

Delivery Information: _____

Contact: _____ Parish Registered: _____

E-mail: _____

Address: _____

Day Phone: (____) _____ - _____ X Night Phone: (____) _____ - _____ Cell: (____) _____ - _____

Group: _____ Leader: _____

Staff Involved: _____

RESERVATION IS NOT GUARANTEED UNTIL CONTRACT IS SIGNED AND DEPOSIT PAID

Verbal inquiry/Tentatively scheduled: ___/___/___ [Route to Debbie/Lisa for entry]

Date Approved: ___/___/___ Approved By: _____

Invoice/Contract completed: ___/___/___ Mailed E-mailed Picked Up

Rent \$ _____ Schedule completed: ___/___/___

Deposit \$ _____ Confirmation provided: ___/___/___ Mailed E-mailed Picked Up

Total \$ _____ Include copies of Request, contract, invoice & insurance in file.