

ROOM REQUEST FORM

Most Blessed Sacrament Catholic Church

Please do not assume room is reserved until you have received a confirmation

Date _____ Requested by _____

PLEASE INCLUDE EMAIL ADDRESS: _____

Contact Person _____ Phone Number _____

Room(s) Needed: 1st choice _____ 2nd choice _____

Number expected in attendance: _____

Date Needed _____ Please Circle One only: Date requested Weekly Monthly Other _____

Function _____ Organization _____

Actual time event will start & end (please specify AM or PM) _____

Set up time is: _____ Clean up time is _____ Building will be vacated at _____
(please be sure to turn all lights off as you exit)

Special conditions or instructions _____

This space is available and dates and times have been set as instructed. ()

This space is not available. Please contact me for alternate dates and times ()

Facility Scheduler Signature