

ROOM REQUEST FORM

Most Blessed Sacrament Catholic Church

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

Date _____ Requested by _____

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

WHITE-FACILITY SCHEDULER

YELLOW-CONFIRMATION COPY

PINK-EMS

Multiple Use Form

Year: _____ to Year: _____

Meeting For: _____

Requested by: _____

Minutes for Set up _____ and Clean Up _____

Room Requested: _____

January Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

Feb. Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

March Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

April Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

May Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

June Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

July Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

August Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

Sept. Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

October Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

Nov. Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

Dec. Date: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

*****FACILITY SCHEDULE SIGNATURER*****