

# **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