

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Staff Initials: \_\_\_\_\_

## St. Albert the Great Room Virtual Reservation Request Form

**Name of Ministry or Organization:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Numbers:** (CELL) \_\_\_\_\_ (HOME) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Estimated Number of Attendees:** \_\_\_\_\_

Virtual Meeting

Other / Remarks: \_\_\_\_\_

### Meeting Date and Time: (One Time Event)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Start Time:** \_\_\_\_\_ AM / PM (*Will show in Bulletin/Website*)    **End Time:** \_\_\_\_\_ AM / PM

**Time Needed for:** Set up: \_\_\_\_\_ Minutes / Hours    Clean up: \_\_\_\_\_ Minutes / Hours

### **For Recurring Meetings ONLY**

**Date of First Meeting** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Last Meeting** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Start Time:** \_\_\_\_\_ AM/PM (*Will show in Bulletin/Website*)    **End Time:** \_\_\_\_\_ AM/PM

**Set-Up Time:** \_\_\_\_\_ Minutes/Hours    **Clean Up Time:** \_\_\_\_\_ Minutes/Hours

**How frequently will meeting recur? (Please choose A, B or C and circle your selection)**

A. Once a Month Meeting: (e.g. 1<sup>st</sup> Thursday) \_\_\_\_\_

B. Bi Weekly (Every Other Week) Mon/ Tues/ Wed/ Thurs/ Fri/ Sat/ Sun

C. Weekly: Mon. / Tues. / Wed. / Thur. / Fri. / Sat. / Sun.

**Dates when meeting will not occur / Other Comments:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_