

PART I

Name of Group/Event:							
Dates of Event:							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Event is:	<input type="checkbox"/> One-time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____						
ACTUAL Time of Event:	FROM ____:____ AM PM			UNTIL ____:____ AM PM			

Please schedule setup/cleanup times in Part III below. Include all times during which room(s) will be unavailable to others.

PART II

<p align="center">Parish Center</p> <input type="checkbox"/> PC - Fellowship Hall <input type="checkbox"/> PC - West Fellowship Hall <input type="checkbox"/> PC - 301 (Green Room) <input type="checkbox"/> PC - 302 <input type="checkbox"/> PC - 303 <input type="checkbox"/> PC - 304 (with sink) <input type="checkbox"/> PC - Kitchen	<p align="center">Church</p> <input type="checkbox"/> Church <input type="checkbox"/> Church Copy Room <input type="checkbox"/> Church Grounds <input type="checkbox"/> Outdoor Classroom <input type="checkbox"/> Other _____	<p align="center">Parish Hall</p> <input type="checkbox"/> PH - Parish Hall <input type="checkbox"/> PH - Rosary Room <input type="checkbox"/> PH - Conference Room <input type="checkbox"/> PH - Middle Room <input type="checkbox"/> PH - Kitchen
<p align="center">School</p> <input type="checkbox"/> School Classrooms # _____ <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Conference Room	<p align="center">Fields</p> <input type="checkbox"/> Front of Gym <input type="checkbox"/> Rectory Field <input type="checkbox"/> Big Field <input type="checkbox"/> Other _____	<p align="center">Calendar/non-facility:</p> <input type="checkbox"/> Reminder only <input type="checkbox"/> Fundraiser <input type="checkbox"/> Off-site event - Location: _____ <input type="checkbox"/> Request Bus to be scheduled
<p>AVAILABILITY OF FACILITIES VERIFIED? _____ (office use only)</p>		

PART III

Responsible Party	<i>(Must pick up Facility Use information from church office)</i>		
Contact Numbers:	Preferred number:	Secondary number:	
	Text? If so, give #	Email:	
Number of Attendees:	(estimate)		
Will food be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will alcohol be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Request Form is required.) <input type="checkbox"/> TABC Licensed Bartender		
SETUP	DATE _____	FROM ____:____ AM PM	UNTIL ____:____ AM PM
CLEANUP	DATE _____	FROM ____:____ AM PM	UNTIL ____:____ AM PM

PART IV

For Office/Staff Use Only	Date Form Received:	
NOTES:	Facility use fee _____	
	Cleanup deposit \$100 _____	
	Hiring custodian _____	
	Other _____	
CALENDARS TO POST:	<input type="checkbox"/> Master <input type="checkbox"/> School <input type="checkbox"/> Parish <input type="checkbox"/> Teacher _____	
	<input type="checkbox"/> Fr. Mark <input type="checkbox"/> Susan <input type="checkbox"/> Deacon Blue <input type="checkbox"/> Amy <input type="checkbox"/> Lea <input type="checkbox"/> Other _____	
APPROVAL: <input type="checkbox"/> Yes <input type="checkbox"/> No	BY:	DATE:

2016 - 2017

July						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	