

ST. JOSEPH PARISH EVENT PLANNING REQUEST FORM

NOTE: Room should be returned the way you found it and all food and trash removed.

Date Submitted _____

Date of Event _____

Event Name _____

Day of the Week (Circle): Sun Mon Tues Wed Thurs Fri Sat

How Often (Circle): One-Time Weekly Monthly Other _____

Facility Required: (Circle)	CHURCH	SHH	SHMR	PARISH LIBRARY
	OFFICE LIBRARY	LOBBY	CHPAEL	
	SCHOOL CAFETERIA	SCHOOL LIBRARY		

Event Duration (Start Time) _____ (End Time) _____

Is set up time required? (Circle) Yes No

If Yes (Start Time) _____ (End Time) _____

Is clean up time required? (Circle) Yes No

If Yes (Start Time) _____ (End Time) _____

IF EVENT IS FOR YOUTH (Under 18) OR IF CHILD CARE IS PROVIDED, YOUTH PROTECTION CLEARANCES MUST BE ON FILE IN PARISH OFFICE. DOES THE SUPERVISING ADULT HAVE CLEARANCES ON FILE?

(Circle) Yes No Name of Supervising Adult _____

Contact Person _____ Contact Phone # _____

***** Please leave the room you are reserving how you found it.
(If you need to move tables or chairs, please move them back,
remove all trash, turn lights off, lock-up, etc)**

***Please do not touch or let children touch anything that belongs to
another group.**

***If your meeting is cancelled or rescheduled due to weather or
another circumstance, please contact the parish office so that we
are aware for lock up procedures.**

***Please do not switch rooms without checking with the parish
office for availability.**

Thank you!!

Reviewed by:

Facility Scheduler

Pastor

Approved	Yes	No
Date	_____	_____