

FACILITIES SCHEDULING FORM

(For Parish Meetings/Events)

Name of Organization: _____

Facility Requested: _____

Event Name: _____

Event Date (indicate whether a one-time event or recurring (if recurring, please complete backside of this sheet):

Event Start Time: _____ **End Time:** _____

Addl. Mins. /Set-up _____ **Addl. Mins./ Clean-Up:** _____

Event Contact: _____

Contact's email address: _____

Contact's Phone number: _____

Approximate number of people attending: _____

Return to this form to the Parish Office or email it to Ellen Ivory, eivory@srweuclid.cc

Please contact the front office immediately if you cancel or make changes regarding your scheduled event as these cancellations/changes affect many levels of parish scheduling.

Notes: