



HOLY SPIRIT FACILITY/RESOURCE REQUEST

DATE FORM SUBMITTED: ____/____/____

FACILITY REQUEST

Room(s) requested: _____

Purpose: _____

Date(s) needed: _____

Time needed: from _____ AM / PM to _____ AM / PM

Set-up time needed: _____ hrs / mins Clean-up time needed: _____ hrs / mins

Requested by: _____ Phone # (H) _____ (C) _____

E-mail: _____

RESOURCE REQUEST

Check mark your resource or equipment request:

___ Maintenance Personnel (Billed at \$25/hr per event/set-up/take-down)

___ VHS TV Cart

___ LCD Projector

___ Portable Sound System

___ DVD TV Cart

___ Projection Screen

___ Podium

___ CD Player

___ Laptop

___ Movable Walls

___ Tables: Number needed and style # Round _____

Oblong _____

Gray _____

Lunch Tables _____ (these require staff assistance for set up and take down)

___ Chairs: Number needed # _____

If you require set-up assistance, complete an area footprint form available at the Parish Office.

Describe your request:

***ALL REQUESTS SUBJECT TO APPROVAL BY PARISH ADMINISTRATOR
YOU WILL RECEIVE NOTIFICATION WITHIN ONE WEEK OF RECEIPT OF FORM***

FOR OFFICE USE ONLY

Approved by: _____

Entered in Facility Scheduler: _____ by: _____

Unable to schedule because: _____

Requestor Notified: _____