

Organization: _____ Position: _____

Contact Person: _____ Contact Phone: _____

Address: _____ E-mail: _____

Event Name: _____ Capacity? _____

Room(s) Requested: Church St. Michael A, B or C (Circle one or all) St. Gabriel
 SR Hall Old Church, Room #: _____ Small Kitchen
 Bride's Room Other: _____

Second Choice(s): Church St. Michael A, B or C (Circle one or all) St. Gabriel
 SR Hall Old Church, Room #: _____ Small Kitchen
 Bride's Room Other: _____

Day(s) Requested: Sun. Mon. Tue. Wed. Thurs. Fri. Sat.

Date(s) Requested: Begins On: _____ Ends On: _____

Time(s) Requested: Begins At: _____ Ends At: _____

Set-Up: _____ (minutes) Clean-Up: _____ (minutes)

Frequency: Once Daily Weekly Biweekly Monthly
 Other: _____

Exceptions: _____

Facility use guidelines that MUST be followed:

- ↪ No alcohol allowed on premises.
- ↪ No smoking allowed on premises.
- ↪ Children must be supervised by an adult at all times.
- ↪ Tables and chairs must be returned to their appropriate place.
- ↪ Room must be cleaned and trash taken out at the end of the meeting or event.
- ↪ Parish office must be notified of any changes or cancellations

I will take responsibility for all rules to be followed

(Sign Here) 

Thank you for your assistance in keeping our facilities and grounds in immaculate condition.