



St. Martha Catholic Church
FACILITY USE REQUEST FORM

Today's Date: \_\_\_\_\_

EVENT DETAILS: Event Name: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Number (#) of People Expected: \_\_\_\_\_

Specific Room Request: \_\_\_\_\_
\_\_\_\_\_

Event Start Time: \_\_\_\_\_ am / pm

Event End Time: \_\_\_\_\_ am / pm

If the event is a RECURRING EVENT
(Weekly, Monthly, etc.), please fill out this section.

Recurring Events

Beginning Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Weekly

Every: Mon Tues Wed

Thurs Fri

Sat Sun

Monthly

Every: 1st 2nd 3rd

4th Last

Day: Mon Tues Wed

Thurs Fri

Sat Sun

SET-UP /TAKE DOWN

\*\*\*Please note—we will allow an automatic 15 min.
Set-up prior and 15 minutes take down after regular
meetings. If extra time is needed for Set-Up, please
request via this form. A Set-Up Request Form will need
to be completed separately. Please do not request spe-
cific requests for set-up (tables/chairs/etc.)\*\*\*

Extra Set-Up Time Needed? Yes No

Day of: \_\_\_\_\_ min. / hour(s)

Is event a major event that will require special
set-up the day before the event?

Yes No

Will there be any food/drink at your event?

Yes No

Is Kitchen needed?

Yes No

Submitted by: \_\_\_\_\_ Phone / Ext#: \_\_\_\_\_

Email: \_\_\_\_\_

Department (Staff) / Ministry: \_\_\_\_\_

\*\*\*PARISH OFFICE USE ONLY\*\*\*

Date Received: \_\_\_\_\_ Receiver's Initials: \_\_\_\_\_

- Approved As Requested
Approved with Changes—See Notes
Denied—See Notes

Facility/Facilities Assigned: \_\_\_\_\_

Notes: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date Entered: \_\_\_\_\_