



St. Martha Catholic Church
FACILITY USE REQUEST FORM
December 1, 2018—May 30, 2019

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 specific 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: _____