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 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: _____