ST FRANCES X. CABRINI CHURCH FACILITY REQUEST FORM FOR MINISTRIES **CLEAR FORM**

Name:	**Organization/Ministry:**	**Today's Date:**
Person responsible at the meeting:	**Phone number:** (To call at the time of the meeting)	**E-mail:** (For person responsible at the time of meeting)
Date(s) Requested: (If reoccurring event, please list all dates) ***NOTE: annual events, holidays and Liturgical celebrations will take precedence over some reoccurring events***	**Time Requested:** **FROM** ☐am ☐pm **TO** ☐am ☐pm (It is helpful for key ministers to have exact times when possible.)	**Setup Time:** ☐am ☐pm **Meeting Time:** ☐am ☐pm **Clean up completion Time:** ***(Please turn off lights when exiting)*** ☐am ☐pm
Purpose of meeting:	**#of people expected:** **Approximately:** **Or Exactly:**	***Person responsible for clean up:**

Requested Facility:
(Note: the meeting will be scheduled in the room that best fits the scheduling needs of all) *Recommended Capacity
(Please check all that apply)

*20 **Modular Rms 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐**

*40 **Modular Hall Rm 9 ☐**

*300 **Complete Parish Center 10-15 ☐**

☐ Without Kitchen ☐ With Kitchen

☐ Stove/Oven required

☐ Coffee Pot

Number of Chafing dishes if needed (sterno not included):
Other cooking needs:

*40 **Alcove in P.C. 10 ☐ 11 ☐ 12 ☐ 13 ☐**

*10 **P.C. Library Rm 14 ☐**

*200 **Center of P.C. Rm 15 ☐**

*300 **Cabrini Hall (Old Church) Rm 16 ☐**

*20 **Rm 17 ☐ Both ☐**

* 35 **Church Choir Practice Rm 20 ☐**

*1700 **Church ☐**

*100 **Chapel ☐**

Special needs:
A member of the S.A.L.T. Team or a staff member is required for use of Church audio/visual equipment

(Circle, highlight or underline all that apply)

☐Screen
☐Tables
# of Tables:
☐Chairs
# of Chairs:
☐Other:

***Clean-up Instructions:**

Initial here:_____

****Empty out trash, take it to the outside enclosure****

Do not use cleansers on the floor, tables and chairs (*wipe with water only) and do not move or stack tables and chairs.

***Wash dishes. Use water to wipe counters and stove.**

Rev. 07.20.16

For office use only:
Approved: yes / no Scheduled by : _____ Room scheduled _____
Placed on facility calendar:(date) _____ Contacted responsible party:_____
(initials) _____ (date)_____