Holy Trinity Parish Hall Other Scheduling

ORGANIZATION:
FACILITY:
(see enclosed Hall floor plan)
FUNCTION NAME:
REASON:(ie: St. Patrick's Day, etc.)
CHECK IF FUNDRAISER: □
DATE:
TIME:
PERSON RESPONSIBLE FOR KEY PICK-UP AND CLEAN-UP:
NAME:
SIGNATURE:
PHONE:
POSITION IN ORGANIZATION:
DATE:

OUR PARISH HALL IS A REFLECTION OF OUR HOLY TRINITY PARISH. AFTER YOUR EVENT, PLEASE LEAVE THE KITCHEN/MEETING ROOMS CLEAN. IF YOU HAVE FOUND YOUR REQUESTED FACILITY IN A DISORDERLY OR POORLY CLEANED FASHION. PLEASE LET US KNOW.