Our Lady of Victory
REQUEST FORM: Room & Supplies for OLV Ministries
This form must fill out completely and turned in 3 weeks before the event.

Name of Event:			
Group Name:			
Contact Name:			
hone #:	E-ma	il address:	
Name	have checked the Par	ish Google Calendar; da	nte/s, time/s & location are availab
Set Up Time	Start Time	End Time	Room Location Request
Lay Out of Room			
omments			
comments			
Comments			
applies Requested:	_ If supplies are re	equested for your ev	ent, please fill out next page
upplies Requested:	_ If supplies are re	equested for your ev	ent, please fill out next page. east 3 weeks before the event.
upplies Requested: I	<i>If supplies are re</i> am submitting a	equested for your even	ent, please fill out next page
upplies Requested: I	If supplies are re am submitting a hOffice@olvols.org or	equested for your even	ent, please fill out next page. east 3 weeks before the event.
upplies Requested: I	If supplies are re am submitting a hOffice@olvols.org or Par	equested for your even completed request at less in person to the Parish ish Office Use	ent, please fill out next page. east 3 weeks before the event.