FACILITY REQUEST FORM

Today's Date _____Event Name _____

Is this a fundraising event? Yes/N**o** Purpose of Fundraising: _____
(circle)

Organization: _____

Person Responsible for the Use of the Facility: _____

Address: _____

City/State: _____ Zip/Postal Code: _____

Phone: _____ E-mail_____@_____

Date Request: From: _____To _____ Time of event:_____to_____

Facility Requested: HALL GYM (__) GROTTO (__)_ HALL 1A (___) HALL 2A (__)
HALL 2B (___)_KITCHEN MTG RM (___) KITCHEN (__)

Contact (408) 262-2546 x 307 for room capacity and more details.

Number of Capacity for this Event: _____. For Church usage notify the Front Parish office during their normal business hours.
Other Comments _____

_____ _____
Print Name **Signature**

Please return this FORM to the office as soon as possible. Within two weeks you should receive confirmation for this event/s for your organization. If there are any changes or cancellation to this request, please contact the office at least three (3) days before the scheduled event. Or leave a message at (408)262-2546 x 307

Office Use Only

Date Received _____/_____/_____ Priority _____

Date Entered _____/_____/_____

Hall Scheduler _____

As of 07/11/24 eas