Holy Guardian Angels Parish

Calendar Request

Event Name: _____

Event Date(s): _____ **(additional space/back of sheet)**

Parish Ministry: _____

Start time: _____ **End time:** _____

Location (check one): St. Louise _____ St. Barbara _____

Room(s) needed: _____

Contact name: _____

Contact phone number: _____

Contact Email Address: _____

Special instructions: _____

_____

_____

_____

 # Tables _____ **# Chairs** _____

If needed, please draw a map of the requested set up for tables and chairs: