

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: _____

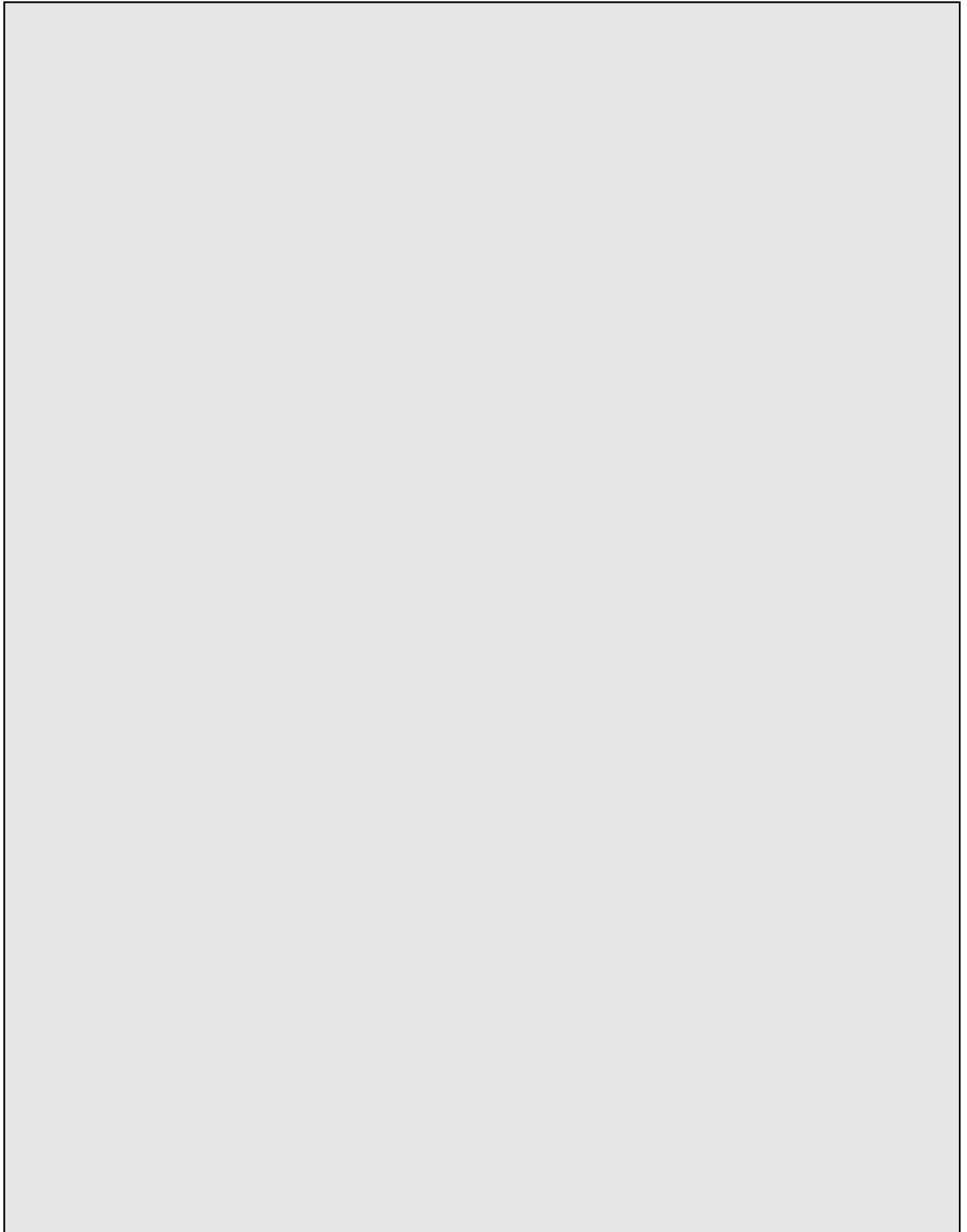
Contact phone number: _____

Contact Email Address: _____

Special instructions: _____

Tables _____ # Chairs _____

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

A large, empty rectangular box with a light gray background and a thin black border, intended for drawing a map of the requested set up for tables and chairs.