

Request to Schedule an Event
The Catholic Community of St Jude

Event : _____

Date Request Submitted: ___/___/____ Requested By: _____

Desired Date(s): From: ___/___/____ To: ___/___/____ Day of Week: _____

Alternate Date(s): From: ___/___/____ To: ___/___/____

Reserve/Setup Time: From: __:__ __m Cleanup To: __:__ __m

Event Start Time: From: __:__ __m To: __:__ __m

Room(s) Requested:

Room Arrangement:

Number Expected: _____ Chairs: # _____ Tables: # _____ Type: round rectangle

Kitchen Access: Yes No Nursery: Yes No Overhead screen: Yes No

Sound Technician: Yes No Cabinet Instructions _____ Who _____ When _____

Equipment: Microphone _____ North South Podium: Free standing table top

Other Needs: _____

Contact: _____

Day Phone: (____) ____-____ Cel or Night Phone: (____) ____-____

Group: _____ Leader: _____

Staff: _____

Key Needed: Yes No Pick up date _____ from _____

Fee: \$ _____ Date Pd _____ Deposit _____ Balance \$ _____ Date Pd _____

Bulletin? Yes No Monthly Calendar? Yes No

Bulletin Title: _____

Comment:

Entered by _____ Date: ___/___/____ Approved By: _____