

**ST. POLYCARP CHURCH
Room Reservation Request Form**

MINISTRY: _____

CHAIRPERSON: _____ PHONE # _____ EMAIL _____

Cell # _____

RESPONSIBLE PERSON: _____ PHONE# _____

EMAIL _____ CELL # _____

TYPE OF EVENT: _____

EVENT DATE: _____ TIME: Set up _____

Start: _____ End: _____

APPROXIMATE NUMBER OF ATTENDEES: _____

Which Space(s) are you requesting? Hall/Kitchen _____ Library _____

Hall _____ Church _____ Meeting Room _____

YOU ARE RESPONSIBLE FOR SET-UP AND RETURNING THE ROOM TO ORIGINAL SET UP.

KITCHEN USE REQUESTED: YES _____ NO _____

DETAILS OF KITCHEN USE: Oven _____ Dishes _____

Ice Machine _____ Fridge/Freezer _____

Person Responsible for Kitchen Use: _____

Are keys needed? _____ (If yes, separate form needs to be completed)

**PLEASE RETURN COMPLETED RESERVATION REQUEST TO THE PARISH OFFICE AT
LEAST 10 BUSINESS DAYS BEFORE THE EVENT DATE.**

**FACILITY CHECKLIST MUST BE COMPLETED & RETURNED TO PARISH OFFICE THE NEXT
BUSINESS DAY AFTER THE EVENT.**

***MICROPHONE available upon request.**

PLEASE CALL THE PARISH SECRETARY 653-8279 WITH ANY QUESTIONS ON THIS PROCESS.

Rev July 27, 2016