



ST. POLYCARP Room Reservation Request Form

MINISTRY: _____

CHAIRPERSON: _____

EMAIL: _____ PHONE # _____

PERSON RESPONSIBLE FOR EVENT/MEETING: _____

EMAIL: _____ PHONE # _____

TITLE OF EVENT/MEETING: _____

EVENT DATE: _____

SET UP TIME: Start: _____ End: _____

EVENT TIME: Start: _____ End: _____

APPROXIMATE NUMBER OF ATTENDEES: _____

EQUIPMENT NEEDS: Banner ____ Microphone ____ Projector/ Screen ____ Smart TV ____ TV/DVD ____ TV/VCR ____ Smart TV ____

WHICH SPACE(S) ARE YOU REQUESTING? Chapel ____ Church ____ Grounds ____ Hall ____ Kitchen ____

Library ____ Meeting Room(s) ____

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

If KITCHEN IS BEING USED, PERSON RESPONSIBLE FOR KITCHEN USE: _____

WILL YOU BE USING THE OVEN: YES ____ NO ____

IF USING HALL/KITCHEN:

Facility checklist must be completed & returned to parish office the next business day after the event.

ARE KEYS NEEDED? _____ (If yes, Key Request Form needs to be completed)

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

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

Rev. March 21, 2022