

ROOM RESERVATION REQUEST FORM

Please check the room(s) you need OR indicate 1st, 2nd, and 3rd choice. Return to Melanie at stpauls@stpaulscary.org

<u>Education Building</u>	<u>Chapel Building</u>	<u>Church Building</u>	<u>Other</u>
<input type="checkbox"/> Parish Hall	<input type="checkbox"/> Chapel	<input type="checkbox"/> Church	<input type="checkbox"/> Any Available ≤ 12 people
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Classroom 1	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Any Available > 12 people
<input type="checkbox"/> Room 2	<input type="checkbox"/> Classroom 2	<input type="checkbox"/> Cry Room/Bride's Room	<input type="checkbox"/> Other—specify:
<input type="checkbox"/> Room 10		<input type="checkbox"/> Youth Wing	
<input type="checkbox"/> Library		<input type="checkbox"/> Break Room	
<input type="checkbox"/> Entire Building			

Group Requesting:	Expected Number of Participants:
Contact Person:	Contact Number:
Date Requesting:	Set-Up Time:
Is This a Recurring Event?	Start Time:
Office Use Only:	End Time:

RECURRING EVENTS ONLY:

Date to Begin:	Frequency (Weekly, Monthly, etc.):
Date to End:	Specify (Every Monday, 2 nd Thursday, etc.):
Any Block Out Dates or Other Comments?	