IMMACULATE CONCEPTION/IMMACULATA SCHOOL FACILITY USAGE

Ministry:

Event:

Space requested, please circle: Main Church_____ Chapel_____

St. Francis Room_____ Mtg. Rm. 1_____ Mtg. Rm. 2_____

Conference Room_____ Gym_____ Other_____

Date: Start time: End time:

Prep date: Start time: End time:

Person requesting:

Date of request:

Phone #:

E-mail:

A confirmation by email will sent to the person whose name appears above.

Please remember to include your prep times and dates for setup, cooking, etc.

Approved by Fr. Cook: Date:

Calendared approved: Date:

Reminder: Do not schedule or plan the above event/meeting until approval for this request has been given.