HOLY FAMILY CATHOLIC CHURCH

2011/2012 Facility Request Form

Please submit 10 working days prior to date of request.

Date: _______________

Head of Ministry: _________________________________ e-mail: ______________@___________

Address: ________________________ City: ____________________________ Zip: _______________

Phone Number: (____) _______________ Ministry: ______________________________________

								OFFICE USE	
Date requested	Set up Time	Function Time	Function Ends	Hour of departure	Number of people	Description of function	Hospitality Yes/ No	Assign	Room charge

Date requested	Set up Time	Function Time	Function Ends	Hour of departure	Number of people	Description of function	Hospitality Yes/ No	Assign	Room charge
							Amount due:	**$**	

Your Signature: _____ Date: _____

Office Signature: _____ Date: _____ □approved □denied

Comments:

1. _____
2. _____
3. _____