

FOR OFFICIAL USE ONLY

Available: _____

Entered: _____

Mainten: _____

**REQUEST FOR USE OF FACILITIES
ST. ELIZABETH SETON PARISH**

TODAY'S DATE: _____

NAME & PHONE
OF REQUESTOR: _____

DATE OF EVENT: _____

STARTING TIME: _____

- SPACE REQUESTING:
- | | |
|--|---|
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> Dcn TONE RM |
| <input type="checkbox"/> SETON HALL | <input type="checkbox"/> MT. CARMEL RM |
| <input type="checkbox"/> USE OF GAS OVENS | <input type="checkbox"/> KITCHEN |
| <input type="checkbox"/> USE OF ELECTRIC OVENS | <input type="checkbox"/> Dcn WOOD LIBRARY |
| <input type="checkbox"/> COURTYARD | <input type="checkbox"/> VESTIBULE |
| | <input type="checkbox"/> LOURDES RM |
| | <input type="checkbox"/> FATIMA RM |
| | <input type="checkbox"/> GUADALUPE RM |

NOT FOR PUBLICATION; DURATION OF EVENT:

_____ TO _____ (HOURS FOR SET UP _____ HOURS FOR CLEAN UP _____)

PARKING LOT LIGHTS REQUIRED: _____

GROUP USING SPACE: _____

PURPOSE OF EVENT: _____

NUMBER OF PEOPLE
EXPECTED TO ATTEND: _____

- SETUP NEEDED FOR EVENT:
- | | |
|----------------------------------|--|
| <input type="checkbox"/> TABLES | <input type="checkbox"/> CHAIRS |
| <input type="checkbox"/> EASEL | <input type="checkbox"/> MICROPHONE |
| <input type="checkbox"/> LECTERN | <input type="checkbox"/> OTHER: GIVE DETAILS |

PAPER PRODUCTS REQUIREMENTS:

PLEASE NOTE: IF YOU HAVE AN EVENT THAT REQUIRES SPECIAL SETUP YOU WILL NEED TO TALK WITH MAINTENANCE ABOUT IT. CHANGES AFTER THE ORIGINAL REQUEST MUST BE MADE AT LEAST 3 WORKING DAYS BEFORE SCHEDULED EVENT.

APPROVED:

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