

St. Scholastica Parish
Request for Facility Use

Contact Person: _____

Phone Number: _____

E-Mail: _____

Name of Event: _____

Type of Event: _____

Date of Event: _____

Room-1st Choice: _____

Room-2nd Choice: _____

Start Time: _____ End Time: _____

Set Up: _____ Clean Up: _____

Please draw/describe your set-up or describe any special needs: