

St. Scholastica Parish  
Request for Facility Use

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Organization: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Room Capacity

Meeting Room 112: 20-24	Art Room: 20-24
Meeting Room 113: 8-10	Activity Center: 60-175
Meeting Room 114: 4-6	Youth Room: 40

Room-1st Choice: \_\_\_\_\_

Room-2nd Choice: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Set Up: \_\_\_\_\_ Clean Up: \_\_\_\_\_

Please describe your set-up or any special needs: