

St. Michael the Archangel

Room Reservation Request

Date Submitted: _____ Ministry/Organization: _____

Name of Function: _____ Room Requested: _____

Date(s) Requested: _____

Time Requested: _____ to _____ Actual Event time: _____
(Time requested should include set up and clean up time.)

Number of people that will be attending: _____ # of Chairs: _____ # of Tables: _____

Room Setup: _____
(Please attach a diagram if possible.)

Will Kitchen be used? _____

Additional Equipment needed? (Please circle)

TV/Remote Podium Sound System Projector Other: _____

Rooms that are used must be cleaned and returned to the original set-up. All trash must be taken to the dumpster.

Name and phone # of person submitting form: _____

Signature of person in charge of function: _____

Please fill out and return this form to the Parish Office for every meeting and event.
If it is a reoccurring event, you may use one form, but put ALL the dates on the form above.

Office Use		
Room assigned: _____	Online: _____	Book: _____