

ORGANIZATION:   
CONTACT PERSON:

PHONE #:   
EMAIL:

DATE	TIME (From – To)	EVENT NAME	ROOM/ LOCATION (See code list below)	SET UP (Number of Chairs, Tables, Etc.)

Notes: \_\_\_\_\_

✓ I have read the **Facilities Guidelines** and agree to follow them.

NMR = Nalls Meeting Room    DCR = de Chantal Room    CRH = Christopher Hall Gym    CAFETERIA = School Cafeteria    SMR = Scanlan Meeting Room    CH = Caulfield Hall  
PG = Outdoor Parish Grounds    SC = Seton Center for Religious Education    SC/LL = SC Lower-Level Meeting Room    SC/UL = SC Upper-Level Meeting Room    AF = Athletic Field    OC = Outdoor Chapel

FOR INTERNAL USE ONLY:

✓ Facilities Calendar Entry Completed | Parish Office Personnel Initials: \_\_\_\_\_ Date: \_\_\_\_\_