

Our Lady of the Woods - Meeting Space Request Form*

** Form may be completed electronically using Adobe Reader®*

Email Form to: parishoffice@ourladyofthewoods.org
or drop off at Parish Office

PLEASE submit a minimum of 7 days prior to Date of Event

Today's Date: _____

Day and Date of Event: _____

Name of Ministry/Group: _____

Purpose of Event: _____

OLW Staff/Ministry Person: _____

Set-up Time before Meeting Start (if needed): _____

Meeting Time-Start and End: _____

Room/Site Requested (if preference): _____

Special Room Layout: _____

Number of Adults: _____ **Number of Children:** _____

Number of Chairs: _____ **Number of Tables:** _____ **Long** _____ **Round**

Wireless Microphone (available Gather Space, 108A/B and 118: ☐

Digital Projector: ☐ **DVD:** ☐ **Laptop Computer:** ☐ **Mac®/Other Adapter/Cable:** ☐

Requestor/Contact Person Name/Phone: _____

Email: _____

Other (Special needs, etc.): _____

Additional Instructions: ☐ Email ☐ Separate Attachment

Hospitality Supplies Needed for Event ☐ YES ☐ NO

(Please "click" boxes as necessary) **Supplies will be left in the Hospitality Kitchen**

Coffee ☐ YES ☐ NO

Coffee Brewer ☐ YES ☐ NO

Coffee Carafe ☐ YES ☐ NO Qty. _____

Water Pitchers ☐ YES ☐ NO Qty. _____

Platters ☐ YES ☐ NO Qty. _____

Sugar ☐ YES ☐ NO

Powdered Cream ☐ YES ☐ NO

Cups ☐ YES ☐ NO Qty. _____

Juice Glasses ☐ YES ☐ NO Qty. _____

Paper Plates ☐ YES ☐ NO Qty. _____

Napkins ☐ YES ☐ NO Qty. _____

Sweet & Low ☐ YES ☐ NO

****If Necessary to Cancel Meeting – Contact Parish Office at 708-361-4754****

(Revised 12-10-21)

Office Use Only
Calendar Entry YES <input type="checkbox"/> NO <input type="checkbox"/>
BY _____
Date _____
HVAC Entry YES <input type="checkbox"/> NO <input type="checkbox"/>
Copy to: <input type="checkbox"/> J. Macarol <input type="checkbox"/> Shelly