FACILITY REQUEST FORM

To schedule meetings/events at St. Thomas More Parish 800 Ohio Pike, Cincinnati, Ohio 45245

Requestor Name:			Date Submitted:	
Requestor Phone:		Ema	Email:	
[i.e. School, PTO, PSR, etc.]	Event:			
Date(s) of Meeting, [If a recurring event, list start and Recurrence Pattern [i.e. 4th Tuesday of each month] Date Exceptions: [If a recurring event, list dates to Meeting Actual Sta [Time meeting will start and stop,	/Event:	holidays or resched ean-up time]	luled to a different date]	
			2	
[If 1-20 children attend, a minimu	m of 2 approved adults mus	t attend. List addition	2. nal approved adults for Ratio of 1:10 (ex: 50 children=5 adults]	
			5	
Keycard Access: [Name of person who needs keyc	card access]	ity codes listed	or Doors unlocked? Yes No	
r acility(s) requeste			below for each facility you wish to schedule I be in use— <u>including set-up and clean-up</u>	
* <u>Code</u>	** <u>From</u>	** <u>To</u>	Remarks/Door Times	
			_	
*FACILITY CODES: CH—Church CLR—Classroom (speci FFR—Faith Formation R FHH—Fr. Heider Hall (Co FHH/RR—Fr. Heider Hall FWL—Fr. Wack Library GYM KIT—Kitchen LCR—Library Conference	oom (DRE Office) ommon Area) I Restrooms	ic, etc.)	LIB—Library (school) MMA—More Martyr Hall A (left side) MMB—More Martyr Hall B (right side) OTHER—Offsite PDR—Parish Dining Room PDRC—Closet (cleaning supplies) PS—Picnic Shelter VID—Video Equipment	

Return this completed form to Donna Buchheit in the parish office — Fax to (513)753-2542 or Email to dbuchheit@sttm.org