

Immaculate Conception Church and School

Scheduling Request Form

Organization: _____

Event: _____

Contact Person: _____

Phone: _____ Email: _____

Facility or Facilities Requested: *Indicate your 1st and 2nd choice:*

_____ Family Life Center – Social Hall

_____ Chapel

_____ Family Life Center – Room # _____

_____ Main Church

_____ St. Joseph Center – Room # _____

_____ MC Pavillion

_____ ICS Chapel

_____ ICS Gym

_____ Other: _____

****If you are requesting the usage of two (2) facilities for the same event, you can use one form. If you are requesting facility usage for different events or times, you will need to complete a separate form for each event.**

Frequency Requested:

_____ One Time Use

_____ Monthly

_____ Quarterly

_____ Annually

_____ Weekly

_____ Other: _____

Date(s) Requested:

Event begins at: _____ am (or) pm Ends at: _____ am (or) pm.

Setup begins at: _____ am (or) pm Ends at: _____ am (or) pm.

The completed "Scheduling Request Form" must be emailed to the appropriate Facility Coordinator.

1. Nancy Garza – Franklin Street (iccommunications@immaconception.org)

2. Kayce German – Madison Street (kgerman@icschooltn.org)

Date Completed: _____

Completed by: _____

Office Use Only:

Received Date & Time: _____

Posted: _____

Conflict: _____

Other Notes: _____