

Immaculate Conception Catholic Church

Scheduling Request Form

Today's Date:			
Event :			
Organization:			
Contact Person:			
Address:			
Phone: ()	Email:		

Which facility do you want to use? If you need 2 facilities for the same event and have the same times you can use the same form, but for different times or different events, please use an additional form.

First Choice:	
Second Choice:	

Which Dates do you require?

What time will your Activity begin and end?

Begins:	am or pm	Ends:	am or pm
---------	----------	-------	----------

How much Set Up time do you require?

Clean Up Time Required?

Minutes or Hours		Minutes or Hours	
------------------	--	------------------	--

What Frequency? (Daily, Weekday, 2nd Tuesday of the Month, Monthly, etc.)

--

Any exception to the frequency? (Certain dates, months, etc.)

--

Office Use Only:

Received Date: _____

Posted: _____

Conflict: _____