



ST. JOHN NEUMANN
Catholic Church

EVENT/MEETING REQUEST FORM

Event Name: _____

Group Size: _____

Notes and Comments:

Start Date: _____ Start Time: _____ Time needed for setup: _____

End Date: _____ End Time: _____ Time needed for cleanup: _____

____ One Time Event ____ Recurring Event ____ Consecutive Days Event

Please check the requested room(s) below:

____ Faith & Family Center (FFC)	FFC Room ____A ____B ____C
____ Faith & Family Center: Kitchen	____ Faith & Family Center Nursery
____ Faith & Family Center: Classroom	FFC Classroom # requested _____
____ Parish Office: Classroom	Parish Office Classroom # requested _____
____ Parish Office: Conference Room	____ Parish Office: Kitchen
____ Church	____ Neumann Room

This event occurs on:

____ Sunday ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday

Week of the Month:

____ Every ____ Last ____ Alternate ____ 1st ____ 2nd ____ 3rd ____ 4th ____ 5th

*If this is a recurring event, please list dates that you will **NOT** be meeting below: Example; 12/24, 12/25, 12/31, 1/1*

☐ I acknowledge that I have received and read the Activity/Event Planning Guidance and Contact Information

Contact Name: _____

Contact Telephone #: _____

Contact Email Address: _____

Date Form Submitted: _____

- If any AV equipment will be needed for this event, please be sure to submit the AV Request form to Bob Buzenski at least two weeks before your event.
- Set-up requests can be submitted to Libby at least two weeks prior to scheduled event.
- If this event is cancelled or changed, please contact Libby so that she can adjust the security schedule.

****It is the responsibility of each group to restore the room to its original condition upon conclusion of the meeting.***

Garbage should be bagged and placed in the outside dumpsters.

Lights should be turned off when done.

Food is allowed only in the tiled areas of the building.

Thank you!

- Libby Muhoherac & the SJN Facilities Team