

EVENT/MEETING REQUEST FORM

Event Name:	Group Size:	Notes and Comments:
Start Date: Start Time: Time needed for setup:		
End Date: End Time: Time neede	ed for cleanup:	
One Time Event Recurring Event	Consecutive Days Event	
Please check the requested room(s) below:		
Faith & Family Center (FFC)	FFC RoomABC	
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: SundayMondayTuesdayWednesdayThursdayFridaySaturday Week of the Month:		
EveryLastAlternate	1 st 2 nd 3 rd	.4 th 5 th
If this is a recurring event, please list dates that you will <u>NOT</u> 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 Amanda at least two weeks prior to scheduled event.
- If this event is cancelled or changed, please contact Amanda 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!

- Amanda Mahle& the SJN Facilities Team