

ST. CHRISTOPHER PARISH
EVENT RESERVATION REQUEST

Today's Date	
Group Requesting Space	
Event Contact Person	
Primary Phone	
Email	
Name of Event	
Type of Event <input type="checkbox"/> Meeting <input type="checkbox"/> Mass Promotion <input type="checkbox"/> Other	
Date/s of Event ¹	
Day of Week (Mon., Tues, etc.)	
Time Event Begins	
Time needed for set-up / clean up	
Time Event Ends	
Approx. # in attendance	
Describe the setup / cleanup plans:	Reason for Request:

Location/s needed: <i>(Check all that apply)</i>	<input checked="" type="checkbox"/>
No Preference	<input type="checkbox"/>
Parish Center – Room 1	<input type="checkbox"/>
Parish Center – Room 2	<input type="checkbox"/>
Parish Center – Atrium	<input type="checkbox"/>
Parish Center – Room 4	<input type="checkbox"/>
Parish Center – Room 5	<input type="checkbox"/>
Parish Center – Room 6	<input type="checkbox"/>
Mother Teresa Room	<input type="checkbox"/>
Library	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>
Fireplace Room	<input type="checkbox"/>
Parish Grounds ²	<input type="checkbox"/>
Church – St. Andrew	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>

¹If you are requesting space for a regularly recurring event, i.e. a monthly meeting, please list all dates for this program year:

²You must meet with Bob Shunk, Parish Maintenance prior to getting approval to use the parish grounds.

Additional Information including equipment requests (List items needed for A/V, number of tables/chairs, etc.):

Use of any room/s requires restoring all items removed from walls, floors, etc. to their original location, including items obtained from other areas of the parish campus.

Event Contact Person Signature: _____

OFFICE USE	
1. Date received by _____ Parish Secretary ____ / ____ / ____	
2. Review and confirmation by the following:	
SCP Administrators	Initials
Director of Evangelization	Date
Director of Evangelization _____	____ / ____ / ____
Pastor _____	____ / ____ / ____
3. Date approval completed ____ / ____ / ____ or Date Request denied ____ / ____ / ____	
4. Reservation recorded by:	
SCP Parish Secretary	Initials _____ Date ____ / ____ / ____
5. Copies to: <input type="checkbox"/> Parish Office <input type="checkbox"/> RE Office <input type="checkbox"/> Maintenance Office	
6. Date approval or denial communicated to applicant ____ / ____ / ____ by _____	

EVENT RESERVATION REQUEST Procedures

St. Christopher Parish receives many requests for use of space for meetings and events. We are happy to assist in meeting your needs as much as possible. To ensure that all requests are given due consideration, we have instituted these procedures.

1. The person completing the **Request** should check with the Parish Office to see whether a desired location and date are scheduled. Reservations will not be recorded in the appropriate calendar until the **Request** is formally approved as outlined in these procedures.
 Note: – The Parish calendar, covering the church spaces, meeting rooms and Parish Hall, is maintained in the Parish office.
2. All information on the **Request** needs to be completed, and the applicant must sign the **Request**. The completed **Request** should then be forwarded to the Parish Secretary if using a parish space.
3. Once received by the Parish Secretary, the Request will be directed for review in a timely manner by the following St. Christopher staff:
 Pastor
 Director of Evangelization
4. Copies of an approved **Request** will be distributed by the Parish Secretary to other appropriate parties, including Religious Education Office or Maintenance Office.
5. Parish Secretary will finalize Request in the parish calendar and file it in reservations binder.
6. Approval or denial will be communicated by Parish Secretary based on space being requested and where request originated.

(Over)