

ST. ROSE OF LIMA
FACILITIES RESERVATION FORM
(215) 699-4617 Fax # (215) 699-4452 stroselima@srol.org

DATE: _____ MINISTRY/GROUP NAME: _____

Contact Name: _____ Contact Telephone: _____

Contact E-mail: _____

NAME of Meeting/Event/Program: _____

DATE(S) of Meeting/Event(s): _____

ROOM/LOCATION and TIME: _____

Describe the event in detail: (type of event/program, music, alcohol use, games of chance, food, etc.)
and who will attend (families, adults only, ministry members, children, Parish community, etc.) _____

Number of People Expected: _____

SET UP Date: _____ Telephone - Set Up _____

Person(s) from Your Organization Setting Up: _____

Set-Up Needs, if any (i.e. # chairs, # tables): _____

CLEAN UP Date: _____ Telephone - Clean Up _____

Person(s) from Your Organization Cleaning Up: _____

KITCHEN FORM Completed: Yes No Date completed: _____

NOTE: *The Kitchen Form needs to be completed if the kitchen will be unlocked/utilized and supplies used (i.e. paper products, ice, coffee makers, etc.) Each organization needs to check the inventory of kitchen supplies in advance of its event and submit a Kitchen Form a minimum of Two Weeks in advance of the event date to allow for ordering and delivery of needed supplies. Submit form to the Parish office.*

OFFICE USE ONLY

Facilities Reservation Request taken by _____

Reservation confirmed on: _____ With: _____

Date Facilities Manager Notified: _____ By _____

Problems/Damages reported from Event: _____

Reported by: _____ Date Reported: _____

Action Taken: _____

Date Approved _____ Pastor Signature: _____