## Saint Agnes Parish ROOM RESERVATION REQUEST

## **Directions:**

1. Please type or print all information unless otherwise indicated.

2. This form must be signed and submitted to the Parish Secretary AT LEAST 7 DAYS PRIOR to

the requested date. A copy of this form will be returned to you.

3. Refer any questions to the Parish Secretary (215-257-2128, ext. 110). Parish office is open Monday through Friday from 8:30am to 4:30pm except for holidays and church Holydays. Office fax is 215-257-4561.

4. A fee (or a deposit) may apply depending on cleaning and usage conditions.

If the request involves use of the Social Hall, <u>please complete and indicate on the reverse side your floor plan</u>, <u>date and time</u> & the location and number of any tables and chairs to be set up. Staff will handle the set-up. Staff will only set-up if the floor plan has been filled in on the reverse side. (<u>Advanced notice is required</u>).
<u>Note</u>: The room you are reserving also may be scheduled for another event following right after your event.

Please return the room to good order for use by the next group.

Name		Representing (Group):								
Address				······································	<b>P</b>				· · · · · · · · · · · · · · · · · · ·	
City								PA	Zip	······
Phone (21	5)								<b>r</b>	
Name of Even	nt/Activity:									
Room to be re						Churc	h			
		all Meet	ing Roo	m			Mass Chapel			
	□ Social Hall Kitchen					□ Other - Specify				
<b>Reservation</b> D	ate(s):								1 J	
Day (circle):	Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Event Start Time:		am / pm					End Time:			am / pm
Signature of F	Requestor:								·	
* If you are us	ing more th	an one	facility (	on the sa	me day.	it will	be nece		for you to give	a complete
breakdown of t	he times yo	u will be	e using e	ach faci	lity. Ple	ase at	tach a d	etailer	d schedule, if n	e a compiete
· · · · · · · · · · · · · · · · · · ·					,					eccosary.
PLEASE NO	)TF.									
		•		••••						
In some cases,	keys and/o	r equip	ment w	ill be ne	eded for	r the l	acility (	that y	ou are reservi	ing. Please
he Parish Sec	retary at	least <u>Or</u>	<u>NE WE</u>	<u>EK PR</u>	<u>IOR TO</u>	<u>) TH</u>	E SCH	EDUI	<u>LED EVENT</u>	in order to
rrangements	<u>tor</u> your k	ey pick-	up and	l/or for a	any spe	cial ec	Juipme	nt nee	eds or special	requests.

Complete Floor Plan Map in its entirety on reverse of this form, if applicable.

-- Ordinarily, activities of the school, including some activities held jointly with Our Lady of the Sacred Heart Parish, are scheduled for the Saint Agnes school building's "All Purpose Room". Contact the school directly at 215-257-3571 to inquire about use of the school's "All Purpose Room".

## ROOM RESERVATION STATUS [Office Use Only]

Date Received: Scheduled: Yes No	Fee/Deposit:	Office Calendars:	Electronic	Paper			
Staff Initials: Notes:	Confirmation Sent		Set-Up to Staff:				
······································	·····			· · · · · · · · · · · · · · · · · · ·			
			······································				

F:\Public\atkinsonr\Forms\Revised Room Reservation.wpd