

ROOM/EVENT REQUEST FOR ST. BARNABAS CATHOLIC CHURCH

Requestor <u>first and last name</u> (organization to be listed below)	
Requestor phone number:	
Requestor address:	
Requestor email:	
Group/Organization name and description:	
Name of Activity:	
Purpose of Activity: <small>(Example: Fundraiser, social, faith formation, meeting)</small>	
Number of People:	
Are any of the participants parishioners?	
Is event open to the public, or group only?	
Date(s) Requested:	
Day(s) of Week:	
Recurring event? Explain... <small>(Example: 3rd Tuesday of the month except June, July, August)</small>	
Time(s) of event: <small>(List the START TIME and END TIME of the event)</small>	START _____ END: _____
Time Frame Including Setup/Teardown <small>(List the START TIME and END TIME inclusive of setup/teardown)</small>	START: _____ END: _____
Room(s) requested, if known:	
Special Instructions:	

I have read the attached policies and conditions (if applicable) for facility use at Saint Barnabas and on behalf of the requesting organization or group I agree to follow these terms and conditions. I understand that these forms must be turned in upon event approval. I also understand that any bulletin and/or pulpit announcements regarding this event must be submitted in advance and are not automatic via receipt of this form.

Signature:

Date:

Please bring your completed form to the St. Barnabas office, fax it to 828-684-6152, or email it to us by clicking this button:

Below is for Office Use Only:

Approved:

Denied:

Canceled:

Group Code (O,P,OC,PC,D)	Tentatively Scheduled (Date/by)	Room(s) Scheduled	Staff Assigned	Formally Scheduled (Date/by)