

**St. Catherine of Siena  
Request to Schedule Event**

Today's Date: \_\_\_\_\_  
Event Name: \_\_\_\_\_  
Event Date(s): \_\_\_\_\_ if recurring add ALL additional dates requested here: \_\_\_\_\_  
\_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Setup Access should be given at: \_\_\_\_\_ Time to clear the room by: \_\_\_\_\_

Room(s) Requested: 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

Will event need Kitchen Access?  Yes  No      Nursery?  Yes  No

Key Needed:  Yes  No

Will you need table cloths?  Yes  No

Ministry/Group: \_\_\_\_\_ Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Confirmation of your reservation should be sent via:  Phone  E-mail

Have you informed the appropriate staff member? (over for a list)  Yes  No

Other comments: \_\_\_\_\_

**Office Use Only**

Room Assigned: \_\_\_\_\_

Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Key Issued?  Yes  No      To Whom? \_\_\_\_\_

Date Entered into Logos: \_\_\_\_\_ Entered by: \_\_\_\_\_