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: _____