

## **ROOM REQUEST FORM FOR NON-PARISH GROUPS**

**All scheduling is subject to change based on Parish needs**

1. Name of Group \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_  
Time room is needed: \_\_\_\_\_

Description of event: \_\_\_\_\_

2. Room(s) desired: \_\_\_\_\_ (Church basement, gym, etc.)  
If this room is needed on a weekly or monthly basis, please note that, as well as any date that you will not need the space requested:

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Dates not needed: \_\_\_\_\_

3. Will children be present or participating in the event: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Adults present: Name	date of signed code of conduct	date of background check	date & place of VIRTUS
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Special items needed:

	How many?
Chairs	_____
Tables	_____
Other	_____

5. Is extra time needed for set-up? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify time: \_\_\_\_\_

6. Is extra time needed for clean-up? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long \_\_\_\_\_

7. Person/People responsible for set-up and clean-up: \_\_\_\_\_

**\*\*Insurance coverage form needed. Do you need storage space? \_\_\_\_\_**

**Approval needed if you require storage space.**

**Non Parish Minstry - Supplies – carry in; carry out.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Initials: \_\_\_\_\_