

ROOM REQUEST FORM FOR PARISH MINISTRY & EVENTS

All scheduling subject to change base on Parish needs.

1. Name of Ministry _____ 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: _____

Print Name: _____ Signature: _____

Date Submitted: _____ Telephone: _____

Email: _____

For Office Use Only:

Date Received: _____

Date Approved: _____

Initials: _____