

MARY, QUEEN OF PEACE PARISH
SCHEDULE REQUEST

Please fill out all information requested below. The scheduling process cannot begin until this form is submitted; once scheduling is completed you will be mailed a confirmation. If key or equipment is needed, please fill out appropriate forms.

TODAY'S DATE: _____ NAME OF ORGANIZATION: _____

NAME OF EVENT: _____

ONE TIME ONLY: OR WHAT FREQUENCY *?: _____
• (i.e. Daily, Weekly, Every Second Tuesday, etc.)

ANY EXCEPTIONS TO THIS FREQUENCY? _____
• (i.e. certain dates, months, etc.)

DATE(S)EVENT: _____

ACTUAL TIME OF EVENT: _____(AM/PM) ENDING: _____(AM/PM)# ATTENDING:

TIME FOR SET-UP: _____(minutes) TIME FOR CLEAN-UP _____(minutes)

DO YOU REQUIRE: Chairs # Tables #

Equipment: (AV/Piano/Sound system/TV/VCR/Laptop Computer) _____

FOOD STORAGE: (If yes, please remove when meeting is completed)

CONTACT PERSON: _____

PHONE (HOME): _____ 2nd PHONE : _____ Email _____

ADDRESS: _____

CLEAN-UP PERSON: _____ PHONE: (HOME): _____

ADDRESS: _____

PLEASE NOTE: IF WHILE CLEANING UP YOU NOTICE ANYTHING EXCEPTIONAL, AS IN NEEDING REPAIR OR ATTENTION BY OUR FACILITIES MAINTENANCE PERSON, PLEASE LEAVE A A MESSAGE, WRITTEN OR IN OUR VOICEMAIL (425-391-1178, EXT. 192). THANK YOU.

OFFICE USE ONLY

DATE RECEIVED: _____

DATE CONFIRMED: _____

SIGNATURE: _____

SIGNATURE: _____