**Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Date(s):** **Event Name:**

**Event Start and Stop Time (for Publication): Until:**

**Additional Time Requested Before and After Event**:

**Name of Organization:** **Contact Name:**

**Contact Address:** **City, State, Zip:**

**Contact Phone:** **E-Mail Address:**

**Number of People Expected:**

**All Rooms Requested:**

**Other Items Requested (see page 4 of “Policies for Community Use of Facilities”):**

**Please use the space below to draw a diagram of ideal room set-up or any other instructions to our sextons:**

**I have read the “Policies for Community Use of Facilities”**

**and agree to abide by all policies and regulations.**

Signature of authorized representative of organization

 Please complete this form in its entirety and return it in person, or mail or fax to St. Philip’s. ***Phone or e-mail requests will not be processed.***

FOR OFFICE USE ONLY: Processed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reservation number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_