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Today's Date _____

FACILITIES USE REQUEST FORM

Event Date(s) _____ Event Name _____

Event Start and Stop Time (for Publication) _____ a.m. p.m. until _____ a.m. p.m.

Additional Time Requested Before and After Event _____ a.m. p.m. until _____ a.m. p.m.

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 _____