



Catholic Community of St. Joseph Scheduling Request Form

Please fill out this form completely with your request for use of facilities during the coming year.

Date Request Submitted ____/____/____

Event Name _____

Purpose of Event _____

Organization _____

Contact Person _____

Phone (____) _____ - _____ E-mail _____

What facility do you wish to use? _____

Second choice? _____

What dates do you require? From: ____/____/____ To: ____/____/____

Day of Week _____

What time do you need? Beginning: _____ (am)(pm) Ending: _____ (am)(pm)

Setup: _____ (minutes) Cleanup: _____ (minutes)

What frequency? (daily, weekdays, 2nd Tuesday, monthly, etc.)

Please note your ministry must provide people to set up, clean up and return room to its original set up.

You will be informed if there are any changes to the schedule you requested. Within two weeks you should receive a schedule of the events for your organization. If there are any changes to this request, please contact the office as soon as possible.

St. Joseph Church
(909) 981-8110 x 18

Office Use Only:

Date Received ____/____/____

Date Entered ____/____/____

Priority _____