

ST. JOSEPH CHURCH FACILITY REQUEST

General Information

Ministry/Event Name: _____

Requestor's Name: _____ Phone: _____

Requestor's Email address: _____ Today's Date: _____

Event Day: _____ Event Date: _____

Request room from _____ until _____. **Please indicate AM or PM.**

In the bulletin /website/calendar this event will be publicized as starting at _____ .

Number of people for event: _____

Your Preferred Location: _____

Please note that staff may change your location at their discretion

Equipment Needs

Holy Family Center kitchen equipment requirements:

_____ Oven	_____ Dish Washer
_____ Dishes	_____ Freezer Space
_____ Cooler Space	_____ 100 Cup Coffee Urn
_____ Staples	

Holy Family Center requirements:

Microphone: Yes _____ No _____

Podium: Yes _____ No _____ Tabletop _____ or Freestanding _____
(choose one)

Projection Screen: Yes _____ No _____

TV/VCR/DVD Yes _____ No _____

Other Location Requirements:

TV/VCR/DVD Yes _____ No _____ Podium: Tabletop _____
Freestanding _____

**PLEASE ATTACH AN ADDITIONAL DIAGRAM OF THE ROOM LAY-OUT YOU NEED
FOR PARISH WIDE EVENTS**

CHANGES MUST BE MADE 1 WEEK IN ADVANCE BY E-MAILING DEBBIE AT
debbiej@sjohio.org.

05/2020