



FACILITY REQUEST FORM FOR ST. ANN ORGANIZATIONS & MINISTRIES

COMPLETE ONE FACILITIES REQUEST FORM PER MEETING OR EVENT

Today's Date: _____

Organization / Activity Name: * _____

Contact: * _____

Address: * _____

Daytime Phone: * _____ Nighttime Phone: _____

Email: * _____

Date/s (Specific date range): * _____

EVENT TIME FRAME: * START TIME: * _____

END TIME: * _____

SET-UP TIME: * _____

CLEAN-UP TIME: * _____

Type / Name of Event: * _____

Frequency (mark one):*

Day of Week (mark one):*

Facility (mark one): *

One Time Event

Monday

Trinity Hall (A-B-C) (Approx. 100)

Every

Tuesday

Trinity Hall (A) (Approx. 30)

Every Other

Wednesday

Trinity Hall (B) (Approx. 30)

First

Thursday

Trinity Hall (C) (Approx. 30)

Second

Friday

Trinity Hall (A-B) (Approx. 60)

Third

Saturday

Trinity Hall (B-C) (Approx. 60)

Fourth

Sunday

Madonna Hall (FLC) (Approx. 125)

St. Ann Room (FLC) (Approx. 40)

Other Facilities Not Listed: * _____

Number of Participants: * _____

Please indicate any meeting Requirements: * _____

*** REQUIRED FIELDS**

FOR SCHEDULING THE GYMNASIUMS AND THE ATHLETIC FIELD AND IN ORDER TO COMPLETE THE SCHEDULING PROCESS, A COPY OF [THIS FORM MUST BE SUBMITTED TO MRS. CINDY TYLER](#) AT THE PARISH OFFICE, 373-9030 (fax) OR EMAIL Cindy.Tyler@stannbartlett.org.