

# SCHEDULING REQUEST FORM

*Parish Ministries can request a meeting room. It is on a first come, first serve basis. Please fill out this form with your request for use of facilities during the coming year. It is important that you fill out this information exactly.*

Date \_\_\_/\_\_\_/\_\_\_ Event Name (optional) \_\_\_\_\_

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_

What facility do you wish to use? \_\_\_\_\_

Second Choice? \_\_\_\_\_

What dates do you require? From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

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

Setup: \_\_\_\_\_(minutes) Cleanup: \_\_\_\_\_(minutes)

What frequency? (daily, weekdays, 2<sup>nd</sup> Tuesday, monthly, etc.) \_\_\_\_\_

Any exceptions to the frequency? (certain dates, months, etc.) \_\_\_\_\_

Other Comments \_\_\_\_\_

Date Received \_\_\_\_\_ Confirmation Sent \_\_\_\_\_

**Please return this form to Saint Margaret Mary Parish Office, fax to 847-658-7882, or scan and send as an attachment to [sczech@saintmargaretmary.org](mailto:sczech@saintmargaretmary.org), as soon as possible. Your request is not approved until you receive a confirmation. Please contact the office with any changes or cancellations.**