

**SAINT THOMAS AQUINAS PARISH  
REQUEST TO SCHEDULE EVENT**

EVENT/GROUP \_\_\_\_\_

Date request submitted: \_\_\_\_\_ Requested by: \_\_\_\_\_

Desired Date(s) From \_\_\_\_\_ to \_\_\_\_\_ Day of week \_\_\_\_\_

Alternate Date(s) From \_\_\_\_\_ to \_\_\_\_\_ Day of week \_\_\_\_\_

Set up time: From: \_\_\_\_\_ am/pm Clean up to: \_\_\_\_\_ am/pm

Event Start Time: From: \_\_\_\_\_ am/pm Event end time: \_\_\_\_\_ am/pm

Room(s) Requested: \_\_\_\_\_

2<sup>nd</sup> choice Rooms: \_\_\_\_\_

Room  
Arrangement: \_\_\_\_\_

Number Expected: \_\_\_\_\_ Will event need kitchen access? Yes/No Projector? Yes/No

Sound System? Yes/No DVD? Yes/No VCR? Yes/No White Board? Yes/No

Chairs:# \_\_\_\_\_ Tables # \_\_\_\_\_ Round# \_\_\_\_\_ Long# \_\_\_\_\_

Contact: \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Group Name: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Key Needed? Yes/No

OFFICE USE ONLY

Room Assigned \_\_\_\_\_ Key Given: Yes/No \_\_\_\_\_ -

Date Approved: \_\_\_\_\_ Approved by \_\_\_\_\_

Confirmation mailed \_\_\_\_\_