

Facility Reservation Form Today's Date _____

****Please notify us of cancellations***

July '21						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August '21						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September '21						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October '21						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November '21						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December '21						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January '22						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February '22						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March '22						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April '22						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May '22						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June '22						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

EVENT'S NAME: _____ Organization: _____

Contact: _____ Phone: _____ Email: _____

Name of Facility Requested: _____ No of People: _____

Start Time: _____ am/pm End Time _____ am/pm Additional for set-up _____ Additional for clean up _____

Request doors to unlock at least 15 min. prior to event as necessary. Doors should unlock at _____ am/pm (For security reasons doors re-lock 20 min. after the beginning of your event unless you request otherwise.

Please unlock doors at _____ am/pm Please lock doors at _____ am/pm

Audio/Visual Needed: Yes ___ No ___ Audio/Visual Instruction Needed ___ Please specify your requested Audio/Visual need. Please note all classrooms and Spirituality Center Rm 1 & 2 and Meeting Room C are equipped with Audio/Visual

Small TV & DVD Player _____ Projector and Screen _____ Large Screen Monitor _____ Microphone _____

Circle requested doors to be open for entry to event (Electronic Door System): 3-Gym, 5-Parish Activity Center Front, 4-Parish Activity Center Rear, 1-Pastoral Center, 2-Rear Pastoral Center, 6-Front School, 7-West Side School, Gym Breezeway, School Breezeway, School Kitchen Door, Meeting Room A, Meeting Room C **Sacred Heart Spirituality Center:** SPIRITUALITY CENTER REQUIRES HARD KEY

Please note: Due to variety of Parish Activities, your preferred time and space may not be available. We will do our best to accommodate all requests. **Please notify the Parish Office of any cancellations so that your reserved space can be made available to others.**