



SAINT PETER THE APOSTLE
CATHOLIC PARISH
CALENDAR REQUEST FORM

Today's Date: _____

EVENT DETAILS

Event Name: _____

Date of Event: _____

Start Time: _____ AM/PM

End Time: _____ AM/PM

Rooms Requested: 1st Choice _____

2nd Choice _____

3rd Choice _____

Number (#) of people expected: _____

Recurring Event Info

Weekly:

Day of Week:

M T W Th F

Sat Sun

Monthly:

Every: 1st 2nd

3rd 4th Last

Day of Week:

M T W Th F

Sat Sun

EVENT SET-UP DETAILS

Is Set-Up Being Requested?: Yes No

If "yes" a **Set-Up Request Form MUST** be completed and turned in **at least 48 hrs. in advance** of event date.

If yes, how much time is needed for set-up? _____ min./hr. to assure set-up

Submitted by: _____ Staff? Yes No

If not staff, Phone #: _____ Ministry/Group Name: _____

Signature Required on Policy/Procedures Form

Please note Confirmed dates & locations may be subject to change.

***** FRONT OFFICE USE ONLY *****

Location Assigned: _____

Comments: _____

Authorized by: _____ Date: _____