

Cultural Center Scheduling Form

(For additional information, please contact the parish office at 285-2698)

Today's Date : _____ Event Name: _____

Description of Event: _____

Ministry Name (If Applicable): _____ Contact Person: _____

Phone #: _____ E-Mail: _____

What dates do you require? From: ____/____/____ To: ____/____/____

What is the time of the event? Beginning: _____ (am) (pm) Ending: _____ (am) (pm)

What frequency? (one time, daily, weekdays, 2nd Tuesday, monthly etc.)

Are there costs associated with this event? Yes _____ No _____

If yes, how will the event be funded? _____

What is the projected cost? _____

Anticipated # of Guests: _____

Will food be served? Yes ___ No ___ Will alcohol be served? Yes ___ No ___

Set – Up Needs

Ovens Turned on: Yes ___ No ___ Date (s) : Needed _____

Sound System: Yes ___ No ___ Projector: Yes ___ No ___

(Note: Equipment/Cultural Center Key must be signed out from the Parish Office during business hours 9:00—4:30 pm, M-F)

Number of tables/chairs needed: _____

Set Up Required (please explain): _____

Other details? (Outside Vendors, Outside Caterers, Guest Speaker etc.)

Submitted by: _____ Date: _____

Office Use Only: Entered into Facility Scheduler: _____

Type of Event: Parish Sponsored: Yes ___ No ___ Outside Event (Parishioners only): Yes ___ No ___

Insurance required: Yes ___ No ___ Insurance Purchased: Yes ___ No ___

Pastor Approval: _____ **Date:** _____