



Office Use Only		
Date of Event _____	Initials _____	Staff Assigned: _____
Date Received _____	Initials _____	Date Turned In _____
Date Entered _____	Initials _____	

Facilities Request Form

Please fill out this form with your request for use of facilities.
It is important that you fill out all the information requested.

Meeting Name (as it will appear on the calendar) _____

Ministry/Organization _____

Contact _____ Cell _____ Email _____

Number of people _____ Chairs Needed? _____ Tables Needed? _____

Room Requested: We try to grant all requests, however final decisions are made based upon number of people, other meetings, and room capacities. (Room capacities noted next to facility name.) All Requests must be turned in 2 weeks prior to the event, any changes must be resubmitted with a new form. **Please Note:** the reservations are on a first come first serve basis. If the room wanted is not available another room will be reserved.

Circle the room you prefer. Room capacities are in parenthesis.

St. John Paul II Center

JPII Rm 2-Youth & Family (50)
JPII Rm 4-All Saints (30)
JPII Rm 4-Kitchen (10)
JPII Rm 4-Vatican Council(20)
JPII Rm 5 (50)
JPII Rm 8 (24)
JPII Rm 6 (75)
JPII Rm 7 (60)
JPII Rm 10 (30)
JPII Rm 11 (up to 100)

Fr. O'Hare Hall

Hall Meeting (600)
Hall Kitchen (cook/meal prep)
PSR 1 (17)
PSR 2 (17)
PSR 3 (17)
PSR 4 (17)
PSR 6 (17)
PSR 7 (17)
PSR 8 (17)
PSR 9 (15)
PSR 10 (15)

St. Joseph's Church

Church (600)
Plaza (100)

Church reservations must have prior authorization from the Director of Liturgy & Music, call (209) 661-8800.

Which Parish Calendars?

____ Weekly Update (Staff FYI)

____ Parish Wide Event (Is this open to the entire parish?)

____ Bulletin (Should be listed in weekly calendar?)

____ Website Calendar

Single Meeting (date) _____ Starting time _____ Ending time _____

Set up date _____ Set up time _____ Out of room time _____

MEETING FREQUENCY

Recurring Meeting

(please circle one) daily weekly semi-weekly monthly

(day of the week) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

(day of the month, every) 1st 2nd 3rd 4th 5th

Month range: from _____ through _____

Skipping the following months _____

Beginning time _____ Ending time _____ Set up time _____

Audio Visual Equipment

<input type="checkbox"/> Projector	<input type="checkbox"/> Microphone (fixed in place)	<input type="checkbox"/> Microphone portable unit
<input type="checkbox"/> Screen	<input type="checkbox"/> Wireless Lapel Microphone	<input type="checkbox"/> DVD /TV
<input type="checkbox"/> Other _____	<input type="checkbox"/> Wireless Handheld Mic	<input type="checkbox"/> Podium