Scheduling Request Form

Parish Ministries can request a meeting room. It is on a first come, first serve basis. Please fill out this form with your request for use of facilities during the coming year. It is important that you fill out this information exactly.

Date __/ __/ ___ Event Name (optional) _____

Organization _____

Contact Person _____

Address _____

City/State _____Zip/Postal Code_____

Phone (___) _____-_____ Fax (___) _____-_____

E-Mail _____

What facility do you wish to use? _____

Second Choice? _____

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

What time do you need? Beginning: _____(am)(pm) Ending: _____(am)(pm)

Setup: _____(minutes) Cleanup: _____(minutes)

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

_____

Any exceptions to the frequency? (certain dates, months, etc.)_____

_____

Other Comments _____

_____

Date Received _____ *Confirmation Sent* _____

Please return this form to Saint Margaret Mary Parish Office, fax to 847-658-7882, or scan and send as an attachment to joann@saintmargaretmary.org, as soon as possible. Your request is not approved until you receive a confirmation. Please contact the office with any changes or cancellations.