

Date Received: ____/____/____
 Date Entered: ____/____/____
 Staff Initials: _____

St. Albert the Great Room Reservation Form

Name of Ministry or Organization: _____

Name of Event: _____

Contact Person: _____

Phone Numbers: (CELL) _____ (HOME) _____

Email: _____

Estimated Number of Attendees: _____

Room(s) to Reserve (If known):

____ Classroom(s) in Palermo Center: A / B / C / D / E F / G H / J K / L / M / N / O

____ Wing with Classrooms A - H

____ Wing with Classrooms J - O

____ Infant Nursery

____ Toddler Nursery

____ Seminar Room in Palermo Center

____ All Classrooms in Palermo Center

____ Classrooms in Parish Hall

____ Parish Hall

____ Sanctuary

____ Gathering Space

____ Courtyard Outside of Church

____ Parking Lot

Other: _____

Meeting Date and Time: (One Time Event)

Date ____ / ____ / ____

Meeting Beginning Time: _____ AM / PM **Meeting Ending Time:** _____ AM / PM

Time Needed for: Set up: _____ Minutes / Hours **Clean up:** _____ Minutes / Hours

For Recurring Meetings ONLY

Date of First Meeting ____ / ____ / ____ **Date of Last Meeting** ____ / ____ / ____

Beginning Time: _____ AM/PM **Ending Time:** _____ AM/PM

Set Up Time: _____ Minutes/Hours **Clean Up Time:** _____ Minutes/Hours

How frequently will meeting recur? (Please choose A, B or C and circle your selections)

A. Once a Month Meeting: (e.g. 1st Thursday) _____

B. Bi Weekly (Every Other Week) Mon/ Tues/ Wed/ Thurs/ Fri/ Sat/ Sun

C. Weekly: Mon. / Tues. / Wed. / Thur. / Fri. / Sat. / Sun.

Dates when meeting will not occur: _____

Signature _____ Date: _____