

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

St. Albert the Great Room Reservation Form

Name of Ministry or Organization: _____
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 J - O
___ Wing with Classrooms A - H	___ Toddler Nursery
___ Infant Nursery	___ All Classrooms in Palermo Center
___ Seminar Room in Palermo Center	___ Parish Hall
___ Classrooms in Parish Hall	___ Gathering Space
___ Sanctuary	___ Parking Lot
___ Courtyard Outside of Church	

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 Time 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 Monthly (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: _____