

# ST. DOMINIC

## Facility Request Scheduling Form

All requests must have appropriate staff approval prior to submission of form. Submission of form does not guarantee a date/facility. Verbal requests do not guarantee a date/facility.

**SUBMITTED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EVENT NAME:** \_\_\_\_\_

**New Event**

**Delete Event**

**Revise Event**

**Ministry or Group Sponsoring the Event**

(circle or highlight the name that applies)

Adult & Family Ministry

Parish Council

Children's Ministry

Athletics

Human Concerns

Mass

Youth Ministry

Scouts

Liturgy & Music Ministry

Maintenance

Young Adult Ministry

Marketing Committee

School

Technology Committee

Parish

Other .....

**Date(s) (not recurring)**

(see reverse side if additional space is needed)

**Recurring Events**

Pattern Description  
(Example: Every 2<sup>nd</sup> Monday of the month)

**Pattern Exception Date(s)**

**Start Date**

**End Date**

**Set-up Start Time:** \_\_\_\_\_ am or pm

(Please indicate if the set-up time takes place on a different date from the event)

**Clean-Up End Time:** \_\_\_\_\_ am or pm

**Event Start Time:** \_\_\_\_\_ am or pm

**Event End Time:** \_\_\_\_\_ am or pm

**Approximate # Attending:** \_\_\_\_\_

**Style Set-up:(circle or highlight):**

Standard (Neutral)

Auditorium

Other (describe) .....

**Location Preference:**

Indicate **first and second choice** by placing the number in the left hand column

Audio Visual Equipment being used?

Yes or No

Church

Cafeteria

Chapel

Library

MC1

Gym

MC2

School Meeting Room

MC3

Music Room

MC4

Food Pantry

MC5

Youth Room

MC6

AFM Room

MC7/Kitchen

Offsite

MC Kitchen (storage)

PC Conference Room

School Classrooms

PC Meeting Room

Other .....



**ST. DOMINIC CONGREGATION  
ROOM SET UP REQUEST FORM**

**REQUEST MUST BE SUBMITTED AT LEAST 48 HOUR IN ADVANCE**

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE / TIME OF EVENT: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

ROOM / AREA TO BE SET UP: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
(TV / VCR, Other Items Needed) \_\_\_\_\_

**ALL REQUESTS MUST BE SUBMITTED BY OR APPROVED BY A STAFF MEMBER**

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**DRAWING OF TABLES / CHAIRS LAYOUT REQUESTED - IF OTHER THAN STANDARD:**