

St. Ignatius of Loyola Catholic Community
Facility Request Form

Your name _____

Date of event _____

Time Requested _____

Desired Room/Rooms _____

Group name being represented _____

Purpose of the request _____

Requestor's phone number _____

Requestor's cell number _____

Requestor's email _____

I understand that this is a reservation request for the use of space and NOT a guarantee. All approved facility reservation request will be approved by the staff and written notification will be sent to the requestor.

**** When requesting space in the new building, all understand that there is to be NO FOOD, DRINK OR GUM during the event due to parishioners having severe food allergies.**

Signature _____

Date _____

<p>Office Use:</p> <p>Date Received: _____</p> <p>Approved By: _____</p> <p>Party Requested Notified: _____</p>
