

St. Ignatius of Loyola Catholic Community
Facility Request Form

Your name _____

Date of event _____

Desired Room/Rooms _____

Group being represented _____

Purpose of the request _____

Requestor's phone 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. Please return this form to the Parish Office.

Signature _____

Date _____

Office Use:

Date Received: _____

Approved By: _____

Party Requested Notified: _____