

March 2011

St. Ignatius of Loyola Catholic Community
Facility Space Request Form

Your name _____

Date of event _____

Time Requested: Start Time _____ End Time _____

of Attendees _____

Desired Room/Rooms _____

Group name being represented _____

Purpose of the request _____

Require Audio/Visual _____

Prep Date _____

Desired Room/Rooms _____

Time Requested: Start Time _____ End Time _____

of Attendees _____

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 requests will be approved by the staff and written notification will be sent to the requestor.

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

Signature _____

Date _____

Office Use:

Date Received: _____

Approved By: _____

Party Requested Notified: _____