

Requested By Name: _____

E-mail: _____

Phone: _____

Church Campus: _____

Date/Dates and Time: _____

Saint Josephine Bakhita Parish Room Reservation Form

Date Received: _____

Date Entered: _____

All Requests for the use of (SES or SJ) Churches, Meeting Rooms, Parish Center or Lawn Events must be submitted to the office on the ROOM RESERVATION FORM.

Each request will not be entered on the church calendars until the Room Reservation Form is received in the office and verified availability.

SET UP INFORMATION IS REQUIRED UPON SUBMISSION, IF NO SET UP IS NEEDED IT MUST BE NOTED ON THE FORM.

If additional space is needed to communicate your request, please attach a diagram or picture.

Saint James Church

- Worship Space: _____
- Parish Center: _____
- Room 1: _____
- Room 2: _____
- Room 3: _____
- FR. Shea: _____
- Rectory:
 - Living Rm: _____
 - Kitchen: _____
 - Conference Rm/Office: _____

Saint Elizabeth Seton

- Worship Space: _____
- Room A: _____
- Room B: _____
- Room C: _____
- Room D: _____
- Room E: _____
- Room F: _____
- Room G: _____
- Hospitality Area: _____

Furniture/Equipment Requested:

1. _____
2. _____

Office Notes:

1. _____
2. _____
3. _____

Additional Details/Special Requirements:

Set up assistance required? Yes ___ No ___

Breakdown assistance required? Yes ___ No ___

1. _____
2. _____
3. _____
4. _____