# IMMACULATE CONCEPTION PARISH FACILITIES REQUEST FORM
## SEPTEMBER 1, 2016 THROUGH MAY 31, 2017

Please return to the Parish Office on or before June 5, 2016. Thank you.

**NAME OF ORGANIZATION** _____

PLEASE BE SURE TO LIST EACH & EVERY DATE, NOT JUST "SECOND THURSDAY OF THE MONTH". THANK YOU

| Date | Name of Event | Set-Up Time | Start Time | End Time | Clean-Up End Time | # of People | * Room Request (see below) | OK'd |
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Submitted by: _____ Date: _____ Phone: _____

Date Received: _____ Date Approved: _____ By: _____

Date Notified: _____ By: _____

* Room Designations:

| | | | |
|---|---|---|---|
| R103 | Room 103 | SJH | St. Joseph Hall |
| R104 | Room 104 | GYM | Gym |
| R201 | Room 201 | JP2 | John Paul II |
| R202 | Room 202 | SMR | Staff Meeting Room |