

St. Philip the Apostle
ROOM REQUEST FORM
For use of Parish Facilities
Please return to CRR@stphiliptheapostle.org

Name of Organization: _____

Contact Name: _____

Phone: _____

Mailing Address: _____

Cell Phone: _____

Email Address: _____

Date(s) of Event: _____

Day(s) of the Week: _____

Facility Needed: from: _____ AM / PM to: _____ AM / PM

Actual time of Event: from: _____ AM / PM to: _____ AM / PM

Facility Needed

Parish Center

- Room A
- Room B
- Room C
- Resource Room
- McCone Room
- Parking Lot

Church/Holy Angel Hall

- Holy Angel Hall
- Holy Angel Hall Lobby
- Holy Angel Hall Kitchen
- Holy Angel Hall Music Room
- Church Patio
- Church
- _____

Ministry Building

- Room 1 (1st Floor)
- Room 2 (1st Floor)
- Room 3 (1st Floor)
- Room 4 (1st Floor)
- Room 6 (2nd Floor)
- Room 7 (2nd Floor)
- Room 8 (2nd Floor)

Approximate Number of People Attending the Event: _____

Purpose of Meeting: _____

Specific Equipment Needs: _____

Special Requests/Notes: _____

Signature

Date

Office Use Only

Approved by: _____ Entered by: _____ Date: _____

NOT Approved: _____

Note: _____