

St. Dominic Catholic Parish

FACILITY REQUEST SCHEDULING FORM

*All requests must have appropriate staff approval prior to submission of form.
Form submission or verbal requests do not guarantee a date/facility.*

Submitted by: _____

Date: _____

EVENT NAME: _____

New Event

Delete Event

Revise Event

START DATE: _____

END DATE: _____

Date(s) (not recurring):

Pattern Exception Date(s):

Recurring Events (Pattern Description):
(Example: Every 2nd Monday of the month)

START TIME: _____ am or pm (please circle)

END TIME: _____ am or pm (please circle)

Set-up Start Time: _____ am or pm (please circle)

Clean-Up End Time: _____ am or pm (please circle)

(Please indicate if the set-up time takes place on a different date from the event)

SET UP INSTRUCTIONS: Setup Style: (please circle)

Standard (Neutral)

Auditorium

Other (describe) _____

MINISTRY/GROUP SPONSORING

EVENT: (circle or highlight the name that applies) →

PROGRAM/ENTRANCE FEE EVENT:

(Please circle) Yes/No

Administration

Adult & Family Ministry

Athletics

Children's Ministry

Human Concerns

Liturgy & Music
Ministry

Maintenance

Marketing Committee

Mass

Other _____

Parish

Parish Council

Rental

School

Scouts (Boys or Girls)

Technology Committee

Young Adult Ministry

Youth Ministry

Location Preference: →

*Indicate first and second choice by placing
the number in the left hand column*

Attending: (Approximate) _____

RESOURCES NEEDED: (Please circle)

Stage: Yes/No

Concessions: Yes/No

Key/Access: Yes/No

Audio Visual Equipment: (please specify)

Church

Chapel

Marcy Center 1

Marcy Center 2

Marcy Center 3

Marcy Center 4

Marcy Center 5

Marcy Center 6

Marcy Center 7

Marcy Center Kitchen

Prayer Gardens

Other _____

Athletic Facility (PAF)

Arts & Activity Center (PAAC)

School Cafeteria

School Library

School Meeting Room

School Classrooms

AFM Room

PC Conference Room (PC105)

PC Meeting Room (PC107)

PC Youth Room

Offsite

**ST. DOMINIC CONGREGATION
ROOM SET UP REQUEST FORM**

**** PRINT THIS FORM ON ORANGE PAPER ****

REQUEST MUST BE SUBMITTED AT LEAST 48 HOUR IN ADVANCE

PREPARED BY: _____

DATE: _____

DATE / TIME OF EVENT: _____

DESCRIPTION OF EVENT: _____

ROOM / AREA TO BE SET UP: _____

SPECIAL INSTRUCTIONS:

(TV / VCR, Other Items Needed) _____

ALL REQUESTS MUST BE SUBMITTED BY OR APPROVED BY A STAFF MEMBER

APPROVED BY: _____

DATE: _____

DRAWING OF TABLES / CHAIRS LAYOUT REQUESTED - IF OTHER THAN STANDARD: