

Sacred Heart Facility Request

Ministry: _____ Date: _____

Contact: _____

Phone Number: _____

Type of Request - Please check one

Group Size: _____

One Day Meeting/ Event: _____

Date: _____ Time: _____ Room: _____

*Please include set-up & Clean-up in Time

Reoccurring Meeting: _____

Day: _____ Time: _____ Room: _____

Starting Date: _____ Ending Date: _____

*Please include set-up & Clean-up in Time

Church Entrance: _____

Informational: _____ **Fundraiser:** _____

Date: _____ Time: _____

For office use

Approved By: _____ Date: _____

Date Entered in System: _____

Keys Needed: _____

Access Programed: _____

Work Order Needed: _____