

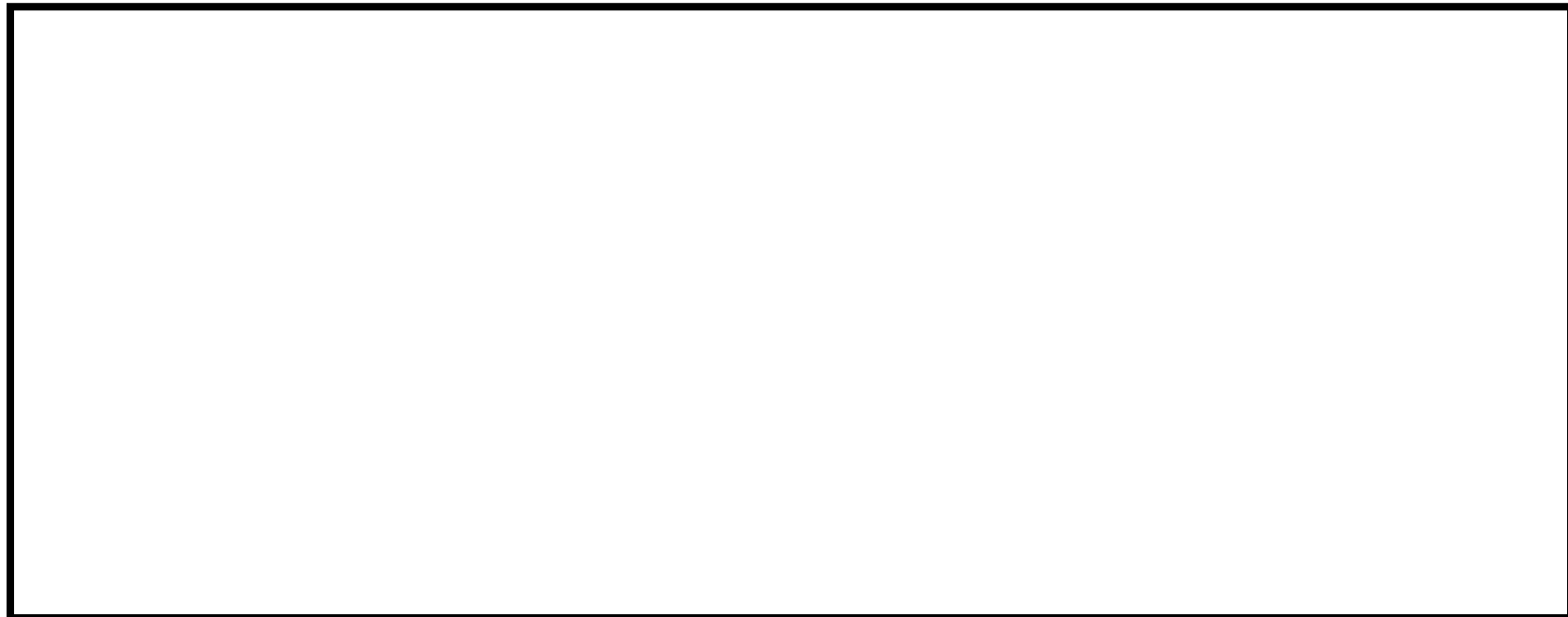
St. Joseph Parish Room Set-up Request

Group/Ministry: _____
Request Submitted by: _____
Contact Phone: _____
Contact e-mail: _____

Event Name: _____
Event Date: _____
Room Requested: _____
Start Time: _____
End Time: _____
Number of Attendees: _____
Special Equipment
Needs: _____

The event coordinator is responsible for leaving the facility clean and in order following the event.

Indicate room set-up below



Return form to the Parish House
at least 1 week prior to the event