

ST. PIUS X PARISH
SCHEDULING REQUEST FORM

Please fill out this form with your request for use of facilities during the coming year. It is important that you fill out this information exactly.

Organization: _____ Contact: _____

Address: _____ City/State: _____

Phone: _____ Fax: _____ Zip: _____

E-Mail _____

Facility Requested: _____
Alternate Choice: _____
First Date Requested: ____ / ____ / ____ Until: ____ / ____ / ____
Start Time: _____ AM/PM End Time: _____ AM/PM
If this is a recurring event, what is the frequency? (Daily, Weekly, 2 nd Tuesday)

Any exceptions to this frequency? (e.g., not in December, not after June)

Is a set-up required? (How many chairs, arrangement, number of tables, etc.)

Please return this form to the office as soon as possible. You will be informed if there are any changes to the schedule you request.