Beatitudes of Our Lord
Calendar/Facilities Planning Form

New Request ❒ Revision of Previous Request ❒ Today's Date: _____
Previously Requested Date: _____

EVENT: _____
NAME OF MINISTRY: _____
DATE OF EVENT: _____
REQUESTED PLACE OF EVENT: _____

Name of Person Responsible for Event: _____
Phone # of Person Responsible for Event: Day _____
Evening _____

TYPE OF EVENT (Pick One):

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❑ One Time Event - Day of the Week: _____
Month _____ Day _____ Year _____

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❑ On-going Event - Day of the Week: _____
Week of the Month: 1st 2nd 3rd 4th 5th Every

Please list dates you will <u>not</u> convene _____
(for vacations, holidays, etc.) _____
_____
_____

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HOURS YOU WILL NEED THE FACILITY:
Time event will begin: _____ Time event will end: _____

Do you need time before the event to set up? Yes ❒ No ❒ **<u>Time</u>** set-up will begin _____
Do you need time after the event for clean up? Yes ❒ No ❒ How much time? _____

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Please Remember: It is each Organization's Responsibility to Set-up and Clean-up our facilities before and after each use. Some other group will be hoping to find their reserved space as orderly as you would hope to find it.
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If you have any questions regarding this form or facilities scheduling of any kind, please call Nancy Arbogast at the Rectory Office (562) 943-1521. Thank you.

For Beatitudes Rectory Office Use Only OK'd by _____