

ST. JOSEPH PARISH FACILITY REQUEST FORM

(Must be Submitted at least two weeks before Event)

Date: _____

Organization Name: _____

Contact Person:
& Telephone No. _____ () _____

Virtus Compliant Contact: _____

Key Card Person(s): _____ () _____
& Telephone No(s). _____ () _____

Attendees Are Registered
Members of St. Joseph=s _____ Yes _____ No _____ Mixed

Maximum Size of Group: _____

Type of Group: Adults _____ Children _____ Mixed _____

Type of Event: _____

*Do you need to use the Hall Kitchen? _____ Yes _____ No
Do you need to use the Kitchenette? _____ Yes _____ No

**Note: Any use of the Parish Hall Kitchen must be staffed by our Kitchen Manager*

Name & Telephone Number
of Caterer (if one is being
used for this event): _____ () _____

Requested Dates:

Time:

PLEASE SPECIFY TYPE OF SET-UP FOR THE HALL AND ANY SPECIAL

EQUIPMENT REQUIRED FOR YOUR EVENT ON THE BACK OF THIS FORM.

TYPE OF SET-UP NEEDED:

Lecture Format

Number of chairs needed: _____

Speaker=s Table or Podium? _____

Microphone: _____

TV/VCR: _____

Additional Equipment: _____

Dinner Format:

Sit-Down Dinner, or _____

Buffet-Style Dinner: _____

Buffet Tables Required: _____

Additional Equipment: _____

Other:

Please provide below a detailed diagram of how you would like the Hall set-up for your event.