

DAY OF THE WEEK:  
S M T W T H F SA

# Parish Facility Reservation Request Form Pax Christi Catholic Church

4135 18 Ave. NW, Rochester, MN 55901 • 507-282-8542  
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MCE:  
PRIVATE:  
SET-UP:

Date of event: \_\_\_\_\_ Date received: \_\_\_\_\_ Pending? \_\_\_\_\_

Name of event: \_\_\_\_\_ Hierarchy level: \_\_\_\_\_

Group name: \_\_\_\_\_

Contact name: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Email: \_\_\_\_\_

*This event is:*

Start date \_\_\_\_\_ End date \_\_\_\_\_

One time: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

Staff \_\_\_\_\_ Ministry \_\_\_\_\_ Catholic School \_\_\_\_\_ DOW \_\_\_\_\_

Start Time (Including setup time) \_\_\_\_\_ End Time (Including tear-down time) \_\_\_\_\_

\*Actual time of event for public calendar: \_\_\_\_\_

Approximate number of people expected: \_\_\_\_\_

Purpose of event (include specifics about who is invited, fees charged, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Space requested: (Please check all that apply)

Sanctuary \_\_\_\_\_ Gathering Space \_\_\_\_\_ Dining Hall \_\_\_\_\_ Kitchen \_\_\_\_\_ Library \_\_\_\_\_  
McCauley Hall \_\_\_\_\_ Office round table \_\_\_\_\_ Music room \_\_\_\_\_ Nursery \_\_\_\_\_ Other \_\_\_\_\_  
Hospitality Room \_\_\_\_\_ Classroom Nos. # \_\_\_\_\_

Please provide specific set-up needs: (tables, chairs, podium, projection screen, etc. - this can be revised later if needed)

You may also use the back to draw a diagram. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:* Date approved: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date group notified: \_\_\_\_\_

My Church Events: \_\_\_\_\_ Yes/No public calendar: \_\_\_\_\_ Copy to Bill/Kay: \_\_\_\_\_