

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
parishadministrator@paxchristichurch.org

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: _____