

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

MCE:
PRIVATE:
SET-UP:

Parish Facility Reservation Request Form Pax Christi Catholic Church

4135 18 Ave. NW Rochester, MN 55901 507-282-8542
parishadministrator@paxchristichurch.org

Please complete all starred items.

***Date of event:** _____ Date received: _____ Pending? _____

***Name of event:** _____ Hierarchy level: _____

Group name: _____

***Contact name:** _____ ***Phone Number:** _____

***Email:** _____

***This event is:** Please check appropriate box.

One time: ____ **Weekly:** ____ **Monthly:** ____ **Staff** ____

Ministry ____ **Catholic School** ____ **DOW** ____

***Start date** _____ ***End date** _____

***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 or attach a separate page.*

Signature: _____ **Date:** _____

For office use only: Date approved: _____ Approved by: _____ Date group notified: _____

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