

SAINT JOSEPH PARISH ROOM RESERVATION REQUEST

Organization: _____

Contact Person Name: _____

Phone Number: _____

E-mail address: _____

DAY AND DATE	TIMES INCLUDE set-up time (in parentheses) and event time	EVENT NAME How it should appear in the bulletin	NUMBER OF PEOPLE EXPECTED	SPACE REQUESTED/ ASSIGNED	PUBLISH IN BULLETIN (B OR NB)

If requesting an article for publication in the Bulletin, it must be submitted to the Parish Office by 9:00 AM Monday.

If you must cancel your meeting, please notify the Parish Office as soon as possible.

END TIME for activities no later than 9:00 PM

FOR OFFICE USE ONLY

DATE RECEIVED _____ DATE PROCESSED _____

NOTES
