

<b>Office Use Only:</b>		
Date Received	__/__/__	Priority ____
Date Entered	__/__/__	

## Scheduling Request Form

Please fill out this form with your request for use of facilities during the coming year. It is important that you fill out this information exactly.

**Date**      \_\_/\_\_/\_\_    **Event Name (optional)** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**Phone**      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    **Fax**    (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail** \_\_\_\_\_

**What facility do you wish to use?** \_\_\_\_\_

**Second choice?** \_\_\_\_\_

**What dates do you require?**      **From:** \_\_/\_\_/\_\_      **To:** \_\_/\_\_/\_\_

**What time do you need?**      **Beginning:** \_\_\_\_\_ (am)(pm)    **Ending:** \_\_\_\_\_ (am)(pm)

**Setup:** \_\_\_\_\_ (minutes)    **Cleanup:** \_\_\_\_\_ (minutes)

**What frequency? (daily, weekdays, 2nd Tuesday, monthly, etc.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any exceptions to the frequency? (certain dates, months, etc.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Comments (number of tables, chairs, etc.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this to the office as soon as possible. You will be informed if there are any changes to the schedule you requested. Within two weeks you should receive a schedule of the events for your organization. If there are any changes to this request, please contact the office as soon as possible.

**Our Lady of Consolation Church**  
**4865 11 Mile Rd NE Rockford, MI 49341**