

Office Use Only:

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.) _____

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.

**St. Peter Catholic Church (386) 822-6000
359 W. New York Ave Deland, FL 32720**