

**St. Dennis Church
Room Reservation Request Form**

MINISTRY: _____

CHAIRPERSON: _____ **PHONE #** _____ **EMAIL** _____

Cell # _____

RESPONSIBLE PERSON: _____ **PHONE#** _____

EMAIL _____ **CELL #** _____

TYPE OF EVENT: _____

EVENT DATE: _____

TIME: Set up START.....END.....
CLEAN UP Start:End:.....

APPROXIMATE NUMBER OF ATTENDEES: _____

Which Space(s) are you requesting? Hall/Kitchen _____ **Library** _____
Hall _____ **Church** _____ **Office Conference Room** _____

YOU ARE RESPONSIBLE FOR SET-UP AND RETURNING THE ROOM TO ORIGINAL SET UP.

KITCHEN USE REQUESTED: YES _____ NO _____

DETAILS OF KITCHEN USE: Oven _____ Dishes _____

Ice Machine _____ Fridge/Freezer _____

Person Responsible for Kitchen Use: _____

Cell phone _____

Are keys needed? _____ (If yes, separate form needs to be completed)

**PLEASE RETURN COMPLETED RESERVATION REQUEST TO THE PARISH OFFICE AT LEAST 10
BUSINES DAYS BEFORE THE EVENT DATE.**

**FACILITY CHECKLIST MUST BE COMPLETED & RETURNED TO PARISH OFFICE THE NEXT BUSINESS DAY
AFTER THE EVENT.**

PLEASE CALL THE PARISH SECRETARY 410-648-5145 WITH ANY QUESTIONS ON THIS PROCESS.