

**ST. JUDE THE APOSTLE CHURCH
RESERVATION FORM**

Today's Date: _____

Date for Room Request: _____

REQUESTED BY: (full name) _____

Tel. Numbers: (h) _____ (c) _____ (w) _____

Email: _____ Fax: _____

EVENT DESCRIPTION: _____

FACILITATOR: _____ HOW MANY PARTICIPANTS: _____

EVENT TIME _____ RESERVE TIME: _____
(start and end) (for setup and cleanup)

ROOM REQUESTED Please Circle:

IN THE CHURCH:

- Stapleton Center (parish hall)
- Room A
- Room B
- Room C
- Church Sanctuary

IN THE MINISTRY BUILDING

- Ministry Hall
- Room 229
- Room 233
- Room 113
- Room 114
- Room 115
- Library

SPECIAL NEEDS:

Work Order Information: _____

Fee Charged: _____

Insurance Rider Needed: _____

Entered to ACS: _____

Entered by: _____