



ST. CATHERINE OF SIENA CHURCH
PARISH HALL & ROOM REQUEST
 FOR USE OF PARISH/SCHOOL FACILITIES

MINISTRY INFORMATION

Name of Ministry _____
Nombre de Ministerio

Contact Person _____
Nombre

Mobile Number (_____-)_____ **Home Phone Number** (_____-)_____

Número de Teléfono Móvil *Número de Teléfono de Casa*

E-mail: _____
Correo Electrónico

DATE – TIME – EVENT

Day Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Día *domingo* *lunes* *martes* *miércoles* *jueves* *viernes* *sábado*

Date of Event: _____
Fecha de Evento

Time Needed FROM: _____ AM PM TO: _____ AM PM

Se Necesita Local *De* *A*

Purpose of Meeting: _____
Propósito de la Reunión

FACILITY

PARISH HALL Approximate Number Attending: _____
Salon Parroquial *Personas que Llegaran*

CHURCH Approximate Number Attending: _____
Iglesia *Personas que Llegaran*

SCHOOL Approximate Number Attending: _____
Escuela *Personas que Llegaran*

FACILITY USE One-time Weekly Other (specify) _____

Uso Facilidad *una sola vez* *Semanal* *Otro (especifique)*

PLEASE CALL THE RECTORY FOR MORE QUESTIONS 818.343.2110
- LLAME A LA RECTORÍA PARA MÁS PREGUNTAS, POR FAVOR -

Signature of Contact Person _____ **Date:** _____

Firma de persona encargada *Fecha*

(OFFICE USE ONLY)

Reviewed policy & guidelines with Ministry by: _____ Date: _____

Approved Denied Approved by: _____ Date: _____

Recorded on PDS Facility Scheduler Entered by: _____ Date: _____

Photo taken before Photo taken after

Donation \$ _____ Receipt # _____ Date: _____