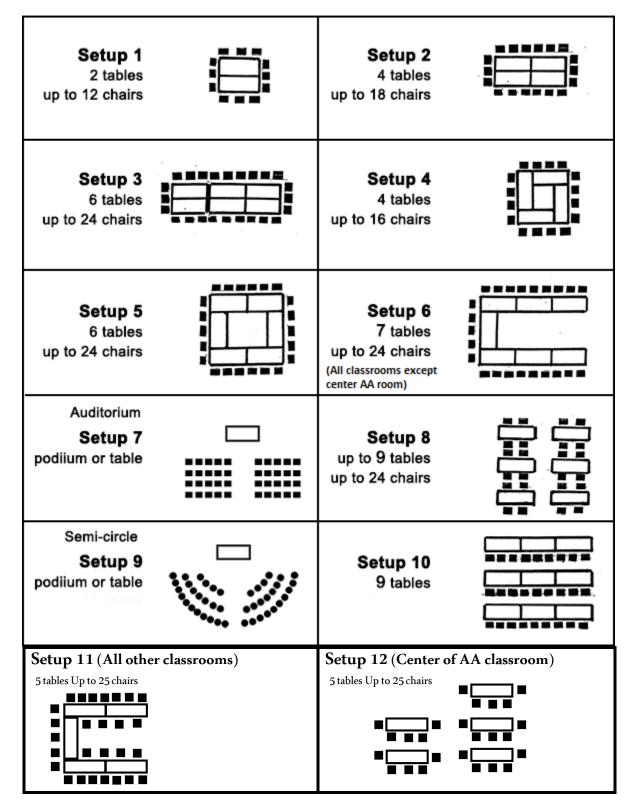
Holy Innocents Catholic Church

Set-Up Request Form

NAME:			
GROUP/ORGANIZATION:			
DATE REQUESTED:			
NATURE OF EVENT:	R.E. Classes Retreat Reception Community Event		
	Private Party Other ()
CLASSROOM REQUESTED:			,
□Luke & John □Matthew & Mark □Other:	□Peter & Paul □Archan	igel Rooms DC	Courtyard
Classroom Setup (See Back Page) Setup 1 Setup 2 Setup 3 Setup 4 Setup Do you require tables? Yes No If Do you require chairs? Yes No If (All chairs and tables must be issued by the Facilities from I will be responsible for the conduct of this group I will return the loaner key by the next business	yes, how many? yes, how many? Maintenance Supervisor (Jim). Absolu nany of the classrooms or from the pari o and the care and clean-up of the faci	 ately no re-distributing/ removal of sh facilities) ilities requested. I will not lend/	of any tables and/or chairs /loan the keys to anyone.
requested classrooms.			
Signature]	Date	
Print Name		Contact Number	
	FACILITIES MANAGER US	Ε	
1	Pate: Facilities V oaner Key received by user: □YES □ No	Valk-Through: □YES □ NO Initi O Key(s) returned: □YES	
	FRONT OFFICE USE		
Calendar Request Submit Pastor's Approval: □YES		oosit Accepted: □YES □ NO :hen Fee Paid: □YES □ NO	

CLASSROOM SET UP OPTION



OTHER (PLEASE DRAW SET UP):