

Holy Spirit Catholic Church Room Request Form
(Form will not be accepted without complete information)

ALL FACILITIES ARE SMOKE FREE

Today's Date:

Organization:

(What is the specific group requesting the Facilities - Example: Altar Society)

ROOM(S) REQUESTED

(Room requested may not always be available.)

Classroom 1 Classroom 3 Parish Hall Overflow Area CryRoom/Chapel
Church

Pavilion Rooms: P1 P2 P3 P4 P5 P1 & P5 together

SET UP TIME NEEDED BEFORE EVENT: Mo/Day/Year/ Hours

CLEAN UP TIME NEEDED AFTER EVENT: Mo/Day/Year/ Hours

Start Date of Event: Mo/Day/Year (Including day of Week)

End Date Mo/Day/Year (Including day of Week)

Meeting or Event **Starting** Time

Meeting or Event **Ending** Time

Recurring Event

(Example, 3rd Thursday, or weekly on Monday)

If Recurring event, dates **NOT meeting**:

**BECAUSE OUR FACILITIES ARE IN CONSTANT USE,
WE ASK THAT YOU CLEAN UP AFTER YOUR EVENT.**

ALL EVENTS MUST END ON MONDAY - FRIDAY BY 9:30 P.M.

ALL EVENTS MUST END ON SATURDAY BY 10:00 P.M.

ALL SUNDAY EVENTS MUST END BY 9:00 P.M.

REQUESTED BY:

HOME #

WORK #

CELL#

EMAIL ADDRESS:

**PLEASE BRING FORM TO PARISH OFFICE
or FAX it to the attention of Cindy Moss at 405-376-4929
or E-MAIL it to cmoss@holyspiritmustang.org**

Room Request does not guarantee room availability