



Office Use Only:
Date Rec'd:
LOGOS:
Note:

GUARDIAN ANGELS CHURCH AND SCHOOL
REQUEST TO SCHEDULE EVENT

ABOUT YOUR EVENT

EVENT NAME:			
DATE FREQUENCY:		One Date Event or	One Event Date:
IS THIS A:		Recurring Event	Recurring Event Dates:
TIMES	Set Up Time – From:		Set Up time – To:
	Event Time – From:		Event Time – To:

RESERVATION INFORMATION

Room(s) Requested:		
2 ND Choice Room(s) Requested:		
Room Arrangement	Number People Expected	Special Needs (i.e. Sound System, Kitchen Access, Lighting, special equipment):
Number of Tables Needed:	Number of Chairs Needed:	
Key(s) Needed:	Other Information?	

RESPONSIBLE PARTY

Who will be the responsible party for this reservation? This is the person who be in attendance for the duration of the event and will ensure that the room(s) and building are/is clean, lights are turned off, and rooms and building is secure at the conclusion of the event. This is also the person who will be held responsible for any damages.	Name:	
	Phone (Day):	(Evening):
	E-Mail:	
	Signature:	Date:

REQUESTOR INFORMATION

Requested By:	Date:	Requester Phone/E-Mail:
---------------	-------	-------------------------