

St. Barbara Special Event Facilities Scheduling Request Form

(Please complete all information requested)

Event Date ____/____/____ Time _____

Organization (if applicable) _____

Facility Requested Social Hall

Type of Event (birthday, shower, etc.) _____

Contact Person _____ Phone _____

Address _____

City/State/Zip _____

Approx. # in attendance _____ Will an admission be charged ____ yes ____ no

of tables needed _____ # of chairs needed _____

Any exceptions to the guidelines ____ yes ____ no (If yes, explain):

I have read and understood the attached guidelines and agree to abide by them.

Name	Date
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Office Use Only

Approval is subject to the following conditions: _____

Date Approved ____/____/____ by _____
