ROOM RESERVATION REQUEST



Please submit this form directly to your group's parish staff liaison or to stpaulchurch@stpacc.org.

Event Title:		Group:		
Event Organizer (Contact Person)			
Name:	Email:		Phone:	
Event Date:	Event Start Tin	ne: E	vent End Time:	
Setup (minutes before):	Cleanup (minu	tes after):		
If the event repeats:	/			
How often? (circle one)	Daily / Weekly	/ Monthly (by date) /	Monthly (by day)	
For weekly:				
Weekday:	Frequency (circle one): Every week / Every 2 weeks			
For monthly:				
On the (date or weekday):		(e.g., 1 st and 15 th	, or first Tuesday of the	month, etc.)
Frequency (circle one): Every				
Repeats until:				
(Ordinarily, reservations may not recui	hevond June 30 . th	ne end of the narish fiscal	(vear.)	
ROOMS AND RESOURCES (Please note			, .	ccommodate vou
Church:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,
Main Level	Upper Level	I	Lower Level	
o Church (nave)	St. Peter Ro	om	Lower Level Room	1
o Parlor 1	o Upper Leve	Kitchenette	Lower Level Room	2
o Parlor 2	 Angel Room 		Lower Level Room	3
			Lower Level Room	4
	School:		Lower Level Kitche	en
	Klinger Cent	er		
	o Gvm			
	Miller Hall	Е	Estimated Attendance:	
Please indicate any setup notes	(i.e., number of to	bles and chairs needed	d):	
, ,	<u> </u>		<u> </u>	

If you would like your event noted in the bulletin, please send details to stpaulcommunications@stpacc.org.

If alcohol will be served, a liquor liability application must be completed 15+ days in advance and can be obtained here.

Rules and Procedures for Room Usage: It is the responsibility of each group to restore the room to its original condition upon conclusion of the meeting. Garbage should be bagged and placed in the outside dumpsters. Recyclable items should be placed in the appropriate receptacle. Carpets should be vacuumed if needed. Food is not to be taken into any meeting room without prior approval. Thank you!