

**Beatitudes of Our Lord  
Calendar/Facilities Planning Form**

New Request

Revision of Previous Request

Today's Date: \_\_\_\_\_

Previously Requested Date: \_\_\_\_\_

EVENT: \_\_\_\_\_

NAME OF MINISTRY: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

REQUESTED PLACE OF EVENT: \_\_\_\_\_

Name of Person Responsible for Event: \_\_\_\_\_

Phone # of Person Responsible for Event: Day \_\_\_\_\_

Evening \_\_\_\_\_

TYPE OF EVENT (Pick One):

XX

One Time Event - Day of the Week: \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

XX

On-going Event - Day of the Week: \_\_\_\_\_  
Week of the Month: 1st 2nd 3rd 4th 5th Every

Please list dates you will not convene \_\_\_\_\_  
(for vacations, holidays, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

XX

HOURS YOU WILL NEED THE FACILITY:

Time event will begin: \_\_\_\_\_ Time event will end: \_\_\_\_\_

Do you need time before the event to set up? Yes  No  Time set-up will begin \_\_\_\_\_

Do you need time after the event for clean up? Yes  No  How much time? \_\_\_\_\_

XX

*Please Remember: It is each Organization's Responsibility to Set-up and Clean-up our facilities before and after each use. Some other group will be hoping to find their reserved space as orderly as you would hope to find it.*

XX

If you have any questions regarding this form or facilities scheduling of any kind, please call Nancy Arbogast at the Rectory Office (562) 943-1521. Thank you.

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For Beatitudes Rectory Office Use Only      OK'd by \_\_\_\_\_