

St. Luke Catholic Church
2757 Alderman Road • Palm Harbor, FL 34684
Phone: (727) 786-3648 • Fax: (727) 789-9556

Facility Request Form

Please fill out this form with your request for use of facilities during the coming year. It is important that you fill out this information exactly.

Today's Date _____ Event Name (optional) _____

Organization _____

Contact Person _____

Address _____

City / State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Number of people expected? _____ What facility do you wish to use? _____

Second choice if first is not available? _____

Available Facilities:

- | | | | |
|----------------------------------|--|--|--|
| <input type="checkbox"/> Church | <input type="checkbox"/> Assembly Room | <input type="checkbox"/> Classroom 204 | <input type="checkbox"/> Preschool Classroom 112 |
| <input type="checkbox"/> Hall | <input type="checkbox"/> Saint Francis (no minors) | <input type="checkbox"/> Classroom 205 | <input type="checkbox"/> Preschool Classroom 1 |
| <input type="checkbox"/> Bay 2 | <input type="checkbox"/> Saint Clare | <input type="checkbox"/> Classroom 206 | <input type="checkbox"/> Preschool Classroom 2 |
| <input type="checkbox"/> Bay 3 | <input type="checkbox"/> Classroom 202 | <input type="checkbox"/> Classroom 207 | <input type="checkbox"/> Preschool Classroom 3 |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Classroom 203 | <input type="checkbox"/> Classroom 208 | <input type="checkbox"/> Preschool Classroom 4 |

PLEASE NOTE: CLASSROOMS 203, 204, 207, AND 208 ARE USED BY THE PRESCHOOL WEEKDAY MORNINGS AND AFTERNOONS, AND HAVE TABLES AND CHAIRS FOR PRESCHOOL AGE CHILDREN.

What dates do you require? From: ____ / ____ / ____ To: ____ / ____ / ____

What time do you need? Start: _____ (am)(pm) End: _____ (am)(pm)

Setup: _____ (am)(pm) Clean: _____ (am)(pm)

What frequency? (daily, weekdays, 2nd Tuesday, monthly, etc.) _____

Any exceptions to the frequency? (certain dates, months, holidays, etc.) _____

Other comments (number of tables, chairs, setup needs, etc.) If you wish to draw a diagram for the setup you need, you may do so on the back. _____

You will be informed if there are any changes to the approved schedule you requested. If there are any changes to the request you have made, please contact the office as soon as possible.

OFFICE USE ONLY:

Date Received: _____	Date Entered: _____	Entered into Website: _____
Approval: Facility Coordinator _____	Denied: _____	Reason Denied: _____
Maintenance _____	_____	_____
Business Manager _____	_____	_____
Pastor _____	_____	_____