SAINT JOSEPH PARISH

REQUEST FORM FOR MEETING SPACE- WEST AND EAST CAMPUS DATE SUBMITTED _____

NAME OF ORGANIZATION/EVENT _____

CONTACT PERSON _____

NAME HOME# WORK# CELL#

_____

ADDRESS CITY STATE ZIP EMAIL ADDRESS

WEST CAMPUS (ABBEVIATIONS IN PARENTHESES)	PREVIOUSLY KNOWN AS		**EAST CAMPUS**
CHURCH (CH)		BANQUET HALL (BH)	STRAUB ROOM (EMR1)
THE HOLY FAMILY CHAPEL (HFC) PRAYER ONLY	DAILY MASS CHAPEL	BANQUET HALL FRONT (BHF)	SCHINDLER ROOM (EMR2)
CHURCH REAR VESTIBULE (RV)		BANQUET HALL MIDDLE (BHM)	HEINTSCHEL ROOM (EMR3)
HOSPITALITY AREA (HA)		BANQUET HALL REAR (BHR)	PASTOR'S SUITE (EMR 1, 2, 3)
CHURCH DOORS (DRS)		WEST GYMNASIUM (WGYM)	FR. WURZEL FAMILY CENTER (FC)
CRANE ROOM (CR) 10-15 OCCUP.	*SHEPHERD'S ROOM*	WEST KITCHEN (WKIT)	EAST KITCHEN (EKIT)
MEEHAN ROOM (MR) 10-12 OCCUP.	*CARPENTER ROOM*	SCHOOL (SCHL)	EAST GYM (EGYM)
HOFFMAN ROOM (HR) 75 OCCUP.	WEST CAMPUS MR	CLASSROOM (CLRM)	MEDIA CENTER (MC)
GUARDIAN ANGEL ROOM (GAR)			BAND/MUSIC ROOM (BAND)
ALL LAYOUTS MUST BE TURNED IN 7 DAYS PRIOR TO EVENT			

DVD/TV Cart____Screen ____

All areas are open ½ hour before scheduled time, if more time is needed for set up & clean up, please indicate, --. • Set Up/ Close Time_____

DATE	DAY	ACTUAL BEGIN & END TIME	ROOM	ACTIVITY	OK'D	CONFLICT	COMMENTS

Further Comment _____

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Returned to _____Date_____By:_____