

**St. Eugene Room Request Form**  
**(Form will not be accepted without complete information)**  
**ALL FACILITIES ARE SMOKE FREE**  
**Please bring forms to Parish Office or Fax (751-8722)**

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

Organization or Group requesting Facilities \_\_\_\_\_

Parish Group (Y/N) \_\_\_\_\_ School Group (Y/N) \_\_\_\_\_ Outside Group \_\_\_\_\_

Number of People Attending event (example: 5 to 10) \_\_\_\_\_

Name of Contact person requesting Facilities \_\_\_\_\_  
(Person booking facilities must be in attendance for the Meeting requested)

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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Date of Event Mo/Day/Year \_\_\_\_\_ to Mo/Day/Year \_\_\_\_\_

Set-up time \_\_\_\_\_ Clean-up time \_\_\_\_\_ If yes, how much time is needed to set-up or clean-up \_\_\_\_\_ both \_\_\_\_\_

Meeting of Event Starting Time (actual) \_\_\_\_\_ Ending Time (actual) \_\_\_\_\_

One time Event(Y/N) \_\_\_\_\_ or will this be a Monthly Event \_\_\_\_\_  
(Monthly Events do not always have the same room as requested each month)

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Equipment Needed for Meeting or Group    No equipment needed \_\_\_\_\_

Round tables \_\_\_\_\_ #    Long tables \_\_\_\_\_ #    Chairs \_\_\_\_\_ #

Dry Erase Board \_\_\_\_\_    TV/DVD Player \_\_\_\_\_

Other special item (Nursery) \_\_\_\_\_

**All Room Requests will only be accepted on this Form**  
**No Emails or Phone Calls Please!**