## St. Chad's Church Facilities Use Request

five (S	te and submit this form to th 5) business days prior to req be determined and you will	uested use date. Availa	bility
Date Submitted			
Event Name			
Date(s) Requested for Facilities Use			
Time of Meeting	From To		
Setup Date/Time _			
Rooms Required	Commons (C) Choir Room (CR) Meeting Room (M)		Come to the Cross Room (CTC)
Number Attending			
Will Alcohol Be Serve	ed? No Yes		
Requested By			
Name of Group			
Telephone Number		Email	
OFFICE USE ONLY			
Reviewed	Date	Ву	
Alcohol Policy Provided			
Approved	Date	Ву	
Denied	Date	Ву	
	Reason		
			[9-1-16]