

<b>Office Use Only:</b>		
Date Received	___/___/___	Priority ___
Date Entered	___/___/___	

## Scheduling 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.

Date \_\_\_/\_\_\_/\_\_\_ Event Name (optional) \_\_\_\_\_

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

What facility do you wish to use? \_\_\_\_\_

Second choice? \_\_\_\_\_

What dates do you require? From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

What time do you need? Beginning: \_\_\_\_\_ (am)(pm) Ending: \_\_\_\_\_ (am)(pm)

Setup: \_\_\_\_\_ (minutes) Cleanup: \_\_\_\_\_ (minutes)

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

\_\_\_\_\_

\_\_\_\_\_

Any exceptions to the frequency? (certain dates, months, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments (number of tables, chairs, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this to the office as soon as possible. You will be informed if there are any changes to the schedule you requested. Within two weeks you should receive a schedule of the events for your organization. If there are any changes to this request, please contact the office as soon as possible.

**Cathedral of St. Peter (815) 965-2765  
1243 N. Church St. Rockford IL**