

Cathedral of St. Peter

1243 N. Church Street
Rockford, Illinois 61103

Phone: 815-965-2765
Fax: 815-965-0743
E-mail: office@cathedralofstpeter.org

REQUEST TO SCHEDULE EVENT

Event Name: _____

Date Request Submitted: ____/____/____ Requested By: _____

Single Occurrence Event? Yes No Multiple Occurrences? Frequency: _____

Desired Date (s) ____/____/____ to ____/____/____ Day of Week: _____

Set up Time: From _____ am/pm to _____ am/pm

Event Start Time: From _____ am/pm to _____ am/pm

Room (s) Requested: _____

Second Choice Room (s) _____

Number Expected: _____ Will event need kitchen access? Yes No

Number of chairs needed: _____ Number of tables needed: _____ Round Banquet

Equipment Requested: Podium Projector Microphone Screen

Event Contact Person: _____ E-Mail _____

Contact Phone Number: () _____ - _____

Key Needed: Yes No Issued to: _____

I _____ agree to assume full responsibility for cleaning the entire designated area, removal of all decorations, tape, signs, supplies, etc. by the end of the event. All garbage must be emptied properly, taken to the dumpster outside and room/rooms vacuumed or a \$50.00 cleaning fee will be charged. If a room key is checked out, it must be returned by the next business day or a \$30.00 fee will be charged for failure to return.

Signature: _____ **Date** _____

Fee: \$ _____ Payment Received: ____/____/____ Check # _____

Room Assigned: _____

Booked by: _____ Google Calendar _____