

# ST. MAXIMILIAN KOLBE CATHOLIC CHURCH

5801 Kanan Road, Westlake Village, CA 91362 • Phone 818-991-3915 • Fax 818-991-7152

Email [sruffing@stmaxchurch.org](mailto:sruffing@stmaxchurch.org) • Website [www.stmaxchurch.org](http://www.stmaxchurch.org)

## FACILITIES REQUEST FORM

Organization /Group/ Ministry Making Request		Date Request Submitted ____/____/____
Name of Event		Date of Event ____/____/____
Event Contact Person	Email (Required)	Cell Number
<b>PLEASE CHECK</b>		
<input type="checkbox"/> Church	<input type="checkbox"/> Hall Room A	<input type="checkbox"/> Room 3 (Preschool)
<input type="checkbox"/> Immaculata Chapel	<input type="checkbox"/> Hall Room B	<input type="checkbox"/> Room 4 (Preschool)
<input type="checkbox"/> Counters Room	<input type="checkbox"/> Hall Room C	<input type="checkbox"/> Room 5 (Preschool)
<input type="checkbox"/> Room 1 (Staff)	<input type="checkbox"/> Kitchen (Hall)	<input type="checkbox"/> Room 6 (Preschool)
<input type="checkbox"/> Room 2	<input type="checkbox"/> Youth Room	<input type="checkbox"/> Room 7 (Preschool)
# of People Expected _____ (if one day only) Date of Event _____/_____/____		
(If multiple day event) Date Event Begins _____/_____/_____ Date Event Ends _____/_____/_____		
<b>If this is a reoccurring event, please list <u>all</u> dates.</b>		
____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____
<b><u>Please note that events on weekdays (M-F) must end at 8:30 pm.</u></b>		
Set up time _____ AM / PM	Time Event Begins _____ AM / PM	
Clean up Time _____ AM / PM	Time Event Ends _____ AM / PM	
<b>Set up requirements:</b>		
Are you requesting the parish staff set up the room? YES _____ NO _____		If "yes" please complete the Room Set-Up Diagram on next page
Do you require janitorial help for clean up? YES _____ NO _____ (if no, please leave the room clean and empty of all trash)		
<b>Office Use Only</b>	<ul style="list-style-type: none"> <li>Please put additional comments and complete Room Set-up Diagram on reverse side.</li> <li>Set Up Diagram must be included with original submission.</li> <li>Return <i>completed</i> Facilities Request form to Pastoral Office, keeping a copy for the ministry.</li> <li>Questions: Contact Sarah Ruffing at <a href="mailto:sruffing@stmaxchurch.org">sruffing@stmaxchurch.org</a></li> </ul>	
Approved by _____		
Entered in Calendar _____		
Fee Collected _____		

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## FACILITIES REQUEST FORM

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ROOM SET-UP (Please indicate round or rectangle tables and # chairs per table)

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

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