

ST. MAXIMILIAN KOLBE CATHOLIC CHURCH

5801 Kanan Road, Westlake Village, CA 91362 • Phone 818-991-3915 • Fax 818-991-7152
 Email Kolbe@stmaxchurch.org • Web www.stmaxchurch.org

FACILITIES REQUEST FORM

Organization /Group/ Ministry Making Request		Date Request Submitted
Name of Event		Date of Event
Event Contact Person	Email	Phone Number

PLEASE CHECK

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Church | <input type="checkbox"/> Hall Room A | <input type="checkbox"/> Room 3 (Preschool) | <input type="checkbox"/> Gathering Space |
| <input type="checkbox"/> Immaculata Chapel | <input type="checkbox"/> Hall Room B | <input type="checkbox"/> Room 4 (Preschool) | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Room 2 | <input type="checkbox"/> Hall Room C | <input type="checkbox"/> Room 5 (Preschool) | <input type="checkbox"/> Room 1 (Staff) |
| <input type="checkbox"/> Counters Room | <input type="checkbox"/> Kitchen (Hall) | <input type="checkbox"/> Room 6 (Preschool) | |
| | <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 _____

If this is a reoccurring meeting, please list all dates.

Please note that events on weekdays (M-F) must end at 8:30 pm.

Set up time _____ AM / PM Time Event Begins _____ AM / PM

Clean up Time _____ AM / PM Time Event Ends _____ AM / PM

Set up requirements:

Are you requesting the parish staff set up the room? YES _____ NO _____ If "yes" please complete the Room Set-Up Diagram on reverse side.

Do you require janitorial help for clean up? YES _____ NO _____
 (if no, please leave the room clean and empty all trash)

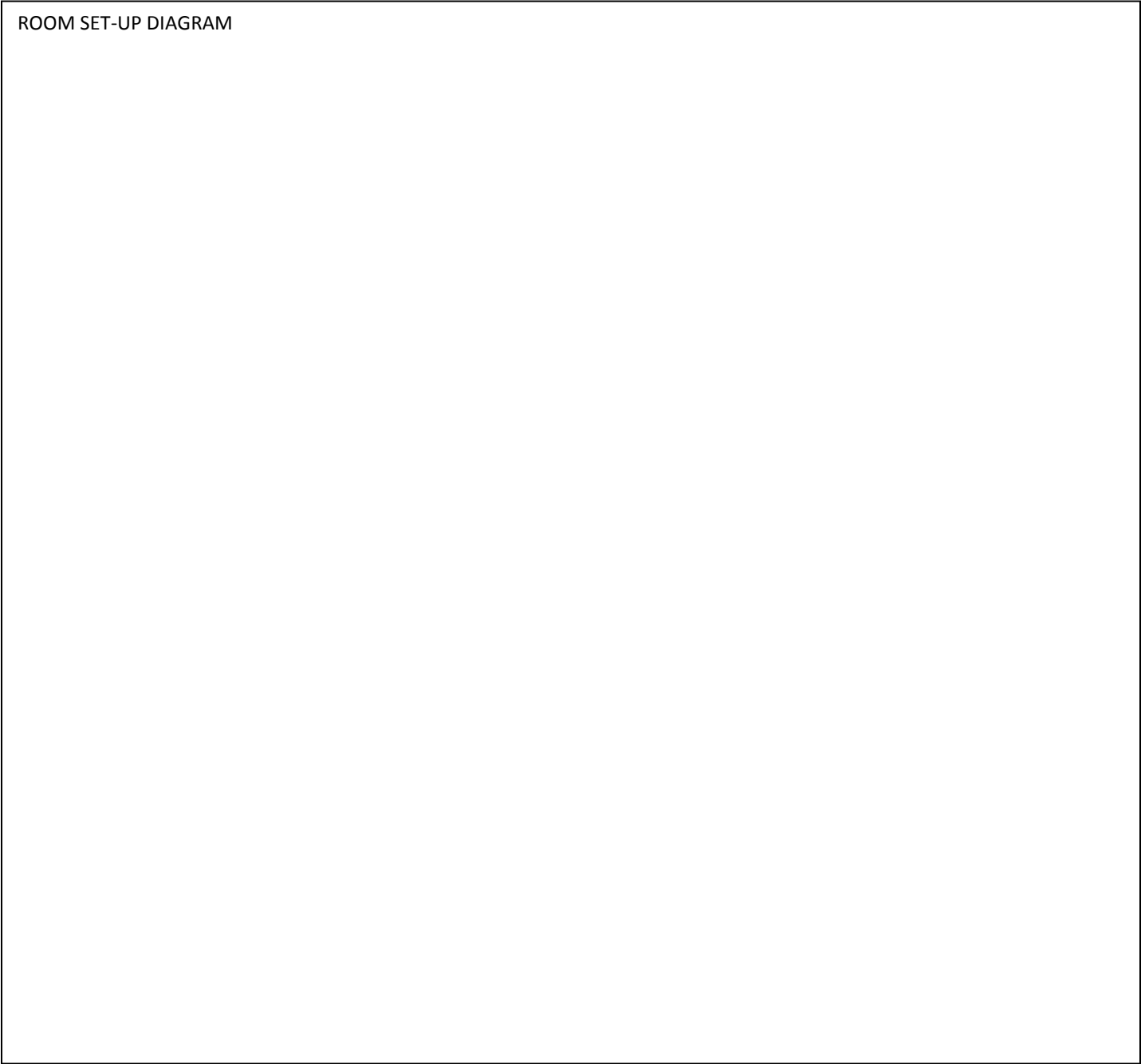
<p style="text-align: center; margin: 0;">Office Use Only</p> <p>Approved by _____</p> <p>Entered in Calendar _____</p> <p>Fee collected _____</p>	<p style="text-align: center;">Please put additional comments and complete Room Set-up Diagram on reverse side.</p> <p style="text-align: center;">Return <i>completed</i> Facilities Request form to Pastoral Office or Email to polly@stmaxchurch.org.</p> <p style="text-align: center;">Questions: Polly Toohey 818-991-3915 Ext. 110</p>
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FACILITIES REQUEST FORM

ROOM SET-UP DIAGRAM



Additional Comments: _____

