

# SAINT ROSE PARISH CALENDAR REQUEST & CHANGE FORM

TODAY'S Date \_\_\_\_\_ Name of Organization \_\_\_\_\_

***Any event in the School needs Principal's approval*** \_\_\_\_\_

Chairperson \_\_\_\_\_ Phone \_\_\_\_\_  
Address of Chair or contact person \_\_\_\_\_  
CHAIRPERSON'S E-MAIL ADDRESS \_\_\_\_\_  
Event Name \_\_\_\_\_ Number expected \_\_\_\_\_  
Date(s) of Event \_\_\_\_\_  
Event Time \_\_\_\_\_ til \_\_\_\_\_ Date and time of set-up \_\_\_\_\_

**PERSON RESPONSIBLE FOR CLEANING UP:** \_\_\_\_\_  
(Room cannot be assigned without this line filled in)

## THE GROUP WILL MEET:

- |  |                                     |                                 |
|--|-------------------------------------|---------------------------------|
| <input type="radio"/> One time only  | <input type="radio"/> weekly every  | <input type="radio"/> Monday    |
| <input type="radio"/> Every other week   | <input type="radio"/> monthly every | <input type="radio"/> Tuesday   |
| <input type="radio"/> 1 <sup>st</sup> & 3 <sup>rd</sup> week                     | <input type="radio"/> occasionally  | <input type="radio"/> Wednesday |
| <input type="radio"/> 1 <sup>st</sup> , 3 <sup>rd</sup> and 5 <sup>th</sup> week |                                     | <input type="radio"/> Thursday  |
| <input type="radio"/> 2 <sup>nd</sup> & 4 <sup>th</sup> week                     |                                     | <input type="radio"/> Friday    |
|  |                                     | <input type="radio"/> Saturday  |
|  |                                     | <input type="radio"/> Sunday    |

## Facility Requested:

- |   |  |
|---|--|
| <input type="radio"/> Church                  | <input type="radio"/> School Classrooms      |
| <input type="radio"/> Chapel                  | <input type="radio"/> School Cafeteria       |
| <input type="radio"/> Parish Lounge           | <input type="radio"/> School Library         |
| <input type="radio"/> Spiritual Center        | <input type="radio"/> School Gym             |
| <input type="radio"/> Rectory Conference Room | <input type="radio"/> School Conference Room |
| <input type="radio"/> OTHER _____             |  |

Additional information \_\_\_\_\_

## CALENDAR SCHEDULE CHANGE

Organization \_\_\_\_\_

CANCEL EVENT ? \_\_\_\_ YES

Original Date of Event \_\_\_\_\_ Change to \_\_\_\_\_

Original facility \_\_\_\_\_ Change to \_\_\_\_\_

Original Time \_\_\_\_\_ Change to \_\_\_\_\_

**WE HAVE THE RIGHT TO CHANGE YOUR LOCATION, CANCEL  
OR ASK YOU TO SHARE MEETING SPACE WITH PROPER NOTIFICATION**

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OFFICE USE ONLY

Date Received \_\_\_\_\_ Date entered on calendar \_\_\_\_\_

Approved by \_\_\_\_\_ Approved on \_\_\_\_\_

Confirmation mailed / e-mailed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_

p \_\_\_\_ c \_\_\_\_ w \_\_\_\_