

CATHEDRAL OF THE IMMACULATE CONCEPTION 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 and completely. **Return Completed form to the Cathedral Office**

Today's Date / Event Name	
Organization Contact Person	
Address	
City/State	
Phone () Cell (_)
E-mail	
Please check the facility you wish to use:	
Cathedral Center Room 1 (capacity 96)	Kitchen
Cathedral Center Room 2 (capacity 64)	Cathedral
Cathedral Center Room 3 (capacity 30)	Chapel of Saints Peter and Paul
Cathedral Center Room 1 & 2 (capacity 150)	Angel House (Capacity ??)
Samperi Hall (Cathedral Basement) (capacity 48)
J. J. Saleh (SVdP Outreach Center) (capacity 70)	
Office Meeting Room (capacity 20)	
Date (s) for use: From:/ To:/	_/
Time? Start: (am) (pm) End:	_(am)(pm)
Setup: minutes before Cleanup:	minutes after
What frequency? (daily, weekdays, monthly, once et	c.)
Any exceptions to the frequency? (certain dates, mo	nths, etc.)
Other Comments (number of tables, chairs, etc.)	
Please return this form to the Cathedral office as soc	•
confirmation or any changes by email or phone with turned in. If there are any changes to this request, pl	
as possible at (903) 592-1617	icuse contact the catheard onice as soor
Signature	Date