

Date Received  
Date Entered  
Entered by

E-mail Confirmation

Reservation No.

ST. MATTHEW CATHOLIC CHURCH  
FACILITY REQUEST

Ministry

Name of Event

Day  
Sunday  
Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
Saturday

Date(s)

Event Start

am  
pm

Event End

am  
pm

Set up

am  
pm

Clean up

am  
pm

Building

Room

Event Type

Number expected

Contact  
Name

Phone

E-mail

Audio/  
Visual  
Support      yes  
                         no

*It is the responsibility of the requestor to contact the church office  
regarding A/V support.*

Requestor

Date

Reserving a room in any of the parish facilities implies agreement to abide by the guidelines set forth in the Facilities Scheduling Policy. For security reasons and to best serve all ministries, if an event is cancelled, you must notify Heather King at the Church Office, [hking@stmatthewcatholic.org](mailto:hking@stmatthewcatholic.org). Thank you!

Please complete and return this form as an attachment to [hking@stmatthewcatholic.org](mailto:hking@stmatthewcatholic.org).