

ST. JOSEPH PARISH FACILITY REQUEST FORM

(Must be Submitted at least two weeks before Event)

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person:  
& Telephone No. \_\_\_\_\_ ( ) \_\_\_\_\_

Virtus Compliant Contact: \_\_\_\_\_

Key Card Person(s): \_\_\_\_\_ ( ) \_\_\_\_\_  
& Telephone No(s). \_\_\_\_\_ ( ) \_\_\_\_\_

Attendees Are Registered  
Members of St. Joseph=s \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Mixed

Maximum Size of Group: \_\_\_\_\_

Type of Group: Adults \_\_\_\_\_ Children \_\_\_\_\_ Mixed \_\_\_\_\_

Type of Event: \_\_\_\_\_

\*Do you need to use the Hall Kitchen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you need to use the Kitchenette? \_\_\_\_\_ Yes \_\_\_\_\_ No

*\*Note: Any use of the Parish Hall Kitchen must be staffed by our Kitchen Manager*

Name & Telephone Number  
of Caterer (if one is being  
used for this event): \_\_\_\_\_ ( ) \_\_\_\_\_

Requested Dates:

Time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SPECIFY TYPE OF SET-UP FOR THE HALL AND ANY SPECIAL

**EQUIPMENT REQUIRED FOR YOUR EVENT ON THE BACK OF THIS FORM.**

**TYPE OF SET-UP NEEDED:**

**Lecture Format**

**Number of chairs needed:** \_\_\_\_\_

**Speaker=s Table or Podium?** \_\_\_\_\_

**Microphone:** \_\_\_\_\_

**TV/VCR:** \_\_\_\_\_

**Additional Equipment:** \_\_\_\_\_

**Dinner Format:**

**Sit-Down Dinner, or** \_\_\_\_\_

**Buffet-Style Dinner:** \_\_\_\_\_

**Buffet Tables Required:** \_\_\_\_\_

**Additional Equipment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other:**

**Please provide below a detailed diagram of how you would like the Hall set-up for your event.**