



Our Lady of Mt. Carmel
FACILITIES REQUEST

Requesting Organization: _____

Contact Name: _____ Main Phone: _____

Title of Function: _____ #of People Attending: _____

Facility Requested: _____

1st Choice

2nd Choice

Date Requested (List multiple dates below): _____

School Principal's Signature (required for school facilities): _____

Set-Up Time: Start _____ Clean Up Time: End _____

Time of Activity: Start: _____ End: _____

Send Confirmation (Email, fax #, or Mail): _____

Multiple Dates Request: _____

Office use Only:

Available: _____ **Not Available:** _____ **Date Checked:** _____ **By:** _____

APPROVED BY: _____ **Date:** _____

DISAPPROVED BY: _____ **Date:** _____

Date entered: _____ by: _____ Confirmation by: EMAIL or LETTER Date: _____