



St. Francis of Assisi Catholic Church

For an event to be considered, forms must be submitted a month in advance

Today's Date: ___/___/___

Name of Event: _____

Description (use back if necessary): _____

Requested by: _____

Date of Event: ___/___/___

Day of the week: _____

Alternate Date: ___/___/___

No. of Attendees: _____

Event Time

Setup Starts at: _____ AM/PM

Event Starts at: _____ AM/PM

Event Ends at: _____ AM/PM

Cleanup Ends at: _____ AM/PM

For Wedding Rehearsals

Rehearsal Starts: _____ AM/PM

Rehearsal Ends: _____ AM/PM

BUILDINGS AND ROOMS REQUESTED:

Parish Center

Main Room

Kitchen

Will the stove be used?

Yes/No

Room # 2

Room # 3

FF Building

Room # 1

Room # 2

Room # 5

St. Clare Building

Room #1

Room # 2

Room # 3

Room # 5

Room # 6

Fellowship Hall

Church

Chapel

Chapel Kitchen

Music Room

Office Conf. Rm

Request to Schedule Event

PLEASE NOTE: A Set-Up Request Form is Required for: Room Arrangements & Equipment

Group / Ministry : _____

Contact Person: _____

Telephone #: _____

E-mail: _____

Who will pick up the key? _____

834 S. Orange Blossom Tr.

Apopka, FL 32703

Phone: 407-886-4602

Fax: 407-886-9758

Office Use Only:	Date Entered: _____
Date Received: _____	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO
Business Manager: _____	Staff: _____