

# CORPUS CHRISTI CATHOLIC CHURCH

9715 N. 56<sup>th</sup> Street ♦ Temple Terrace ♦ FL ♦ 33637 ♦ 813-988-1593 ♦ Fax: 813-985-3583

## Facility Request Form

This form must be submitted for all facility requests. No requests are confirmed on the Church Calendar until a written confirmation in the form of email is received from Corpus Christi Church.

To print additional copies of this form: go to calendar sidebar at [www.spiritualhome.org](http://www.spiritualhome.org)

If you prefer US Mail – please provide address

Contact Name: _____	Date: _____
Home Phone: _____	Cell Phone: _____
Email Address: _____	

**Event Date (s):** \_\_\_\_\_

*No Room Scheduling in July, except for Prayer and Worship in Church*

**Actual Event/Meeting Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Facility:** 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**Ministry/Group Name:** \_\_\_\_\_

**Purpose of Event:** (required field) How does this activity serve the Parish Mission?

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

**# of people attending:** Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**NOTE: All meetings must end by 9 PM and room vacated**

**Set-Up Time:** \_\_\_\_\_ **Clean-Up Time:** \_\_\_\_\_

**Frequency:** *Please check off appropriate box*

Sun  Mon  Tues  Wed  Thurs  Fri  Sat - of every \_\_\_\_\_  
Week/Month

**Exception Date(s):** \_\_\_\_\_

**Equipment needed:** \_\_\_\_\_

Will food be served? Check box  Yes  No

**PLEASE NOTE THAT ALL GROUPS/ORGANIZATIONS ARE RESPONSIBLE FOR SET-UP AND CLEAN-UP BEFORE/AFTER THEIR SCHEDULED EVENTS**

Office Date Received: _____	Date Approved: _____	Initials: _____
Confirmation Sent Date: Via: <input type="checkbox"/> Email <input type="checkbox"/> US Mail	<b>FORWARD TO:</b> _____	