

OLC FACILITY USAGE

MINISTRY _____

EVENT _____

SPACE REQUESTED _____

NUMBER OF PEOPLE ATTENDING _____

DATE _____ START TIME _____ END TIME _____

PREP DATE _____ START TIME _____ END TIME _____

PERSON REQUESTING _____

DATE OF REQUEST _____

PHONE # _____

EMAIL _____

All requests must be approved by Fr. Carl. A confirmation will then be emailed to the person whose name appears above.

Allocation of space will be determined by availability, the number of people attending, and the nature of the event. Your confirmation will include the space allotted.

Please fill out an event set-up sheet and list any additional requirements such as equipment that you may need. Please remember to include your prep times and dates for setup, cooking, etc.

If you have an off premises event, please let us know. That event may impact another ministry's choice of date.

Approved _____ Date _____

Calendared _____ Date _____