

St. Bernadette Catholic Church Facility Request Form

16245 N. 60th Street, Scottsdale, AZ 85254

Phone: 480-905-0221 Fax: 480-905-0249 E-mail: nsantiago@saintbernadette.com

- This form must be completed in its entirety before consideration of your request is made.
- Return this form to the Parish Office via fax, an email attachment, or in person **72 hours prior** to the event/meeting date.

Requests are not accepted by phone.

Today's Date: _____

Person making request: _____

Please Print

Phone: _____ **Cell:** _____ **Fax:** _____

E-mail address: _____

Name of Event: _____ **Number of participants** _____

TIME - Start: _____ **Setup:** _____ **Min.** **End:** _____ **Clean Up:** _____ **Min.**

Room(s) requested (Please Circle all rooms requested):

PC (whole parish center)

CH (chapel)

H (main hall, center area)

R (Ramada)

K (kitchen)

FOC (Front of Church)

CR (conference room)

MR (meeting room)

Room(s) 1, 2, 3, 4, 5, 6, 7.

Date(s) Requested:

One time only date: Day of Week: _____ **Month/Day/Year** _____

Multi Dates: (Check items that apply)

____ Daily

____ Every

____ Sunday

____ Weekly

____ Every Other

____ Monday

____ Every Third

____ Tuesday

____ Every Fourth

____ Wednesday

____ Every Fifth

____ Thursday

____ Friday

____ Saturday

____ Date of the Month

____ (1-31st)

____ Sunday

____ Day of the Month

____ First

____ Monday

____ Second

____ Tuesday

____ Third

____ Wednesday

____ Fourth

____ Thursday

____ Last

____ Friday

____ Saturday

DATE RANGE: (Month/Day/Year) _____ **through** (Month/Day/Year) _____

ADDITIONAL DATES: _____ **DELETE DATES:** _____ (holiday etc...)

If more space is needed please use back of form.

Signature of Person making request.

See back for equipment needed and room setup.

Equipment Needed: What we have on hand and what may be available to use may vary due to other events and/or out of service issues.

Round Tables _____ (max. 30)

Plastic Chairs _____ (max. 714)
(one row of 12 plastic chairs = 21')

Rectangular Table (30" x 72") _____ (max. 21)

Rectangular Table (18" x 72") _____ (max. 28)

Podium (adjustable) yes no

Podium (ornate wood) yes no

Microphone yes no (when requesting a microphone, please reserve both the hall and the chapel area)

Large Screen/Main Hall yes no

TV/DVD/VCR yes no

Will food of any type be served during the event? yes no

Do you require any other items such as coffee pot, cooler for drinks etc.? yes no

Please list any other needed item for your event: _____

Room Set Up: Please indicate in box below approximate room set up. If you want a specific room set up, please use the appropriate facility room design form and attach it.

For room setup please indicate in box below where both inside and outside doors are located for facility requested so that equipment will be set up properly.

Additional information:

FOR OFFICE USE ONLY

Date Received: _____ Date Entered on PDS: _____ Initials: _____

Date Confirmation Sent: _____ E-mail Fax Phone Office Mailbox