

St. Bernadette Catholic Church Facility Request Form

16245 N. 60th Street, Scottsdale, AZ 85254

Phone: 480-905-0221 Fax: 480-905-0249 E-mail: ssmalley@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)

MH Mailliard Hall (school gym)

See back for gym preferences

Room(s) 1, 2, 3, 5, 6

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. 20) **Rectangular Table (30" x 72")** _____ (max. 20)
Plastic Chairs _____ (max. 714) **Rectangular Table (18" x 72")** _____ (max. 10)
(one row of 12 plastic chairs = 21')

Podium (adjustable) yes no **Podium (ornate wood)** yes no

Microphone yes no

Large Screen/Main Hall yes no **TV/DVD/VCR** 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: _____

For Mailliard Hall (gym) only:

Stage partition—Circle one: Open Closed **Basketball Goals—Circle one:** Up Down

Bleachers—Circle one: Up Down **Volleyball net—Circle one:** Up Down

Will you be using the galley area? Yes No Indicate number of basketball goals needed if being used.

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 this box 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