

**ST. NORBERT CHURCH  
FACILITY REQUEST FORM**

(714) 637-4360

**Form is to be submitted at least 7 days prior to the event.**

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Type of Activity: \_\_\_\_\_ No. of Attendees: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Parishioner No. \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

- Facility Requested:**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Ministry Center Hall and Kitchen | <input type="checkbox"/> Church                 | <input type="checkbox"/> Mother Theresa Room           |
| <input type="checkbox"/> Ministry Center: Partial _____   | <input type="checkbox"/> Courtyard              | <input type="checkbox"/> Dorothy Day Room              |
| <input type="checkbox"/> Ministry Center: Kitchen only    | <input type="checkbox"/> Gymnasium              | <input type="checkbox"/> Jean Vanier Room              |
| <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Any Available Facility | <input type="checkbox"/> Oscar Romero Room             |
|   |   | <input type="checkbox"/> Tielhard de Chardin (Library) |

Date(s) Requested: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ AM / PM (for announcement purposes)

Total Time Requested: \_\_\_\_\_ AM / PM TO: \_\_\_\_\_ AM / PM

**\*\*\*\*ABOVE TOTAL TIME REQUESTED NEEDS TO INCLUDE SET UP AND A CLEAN UP TIME\*\*\*\***

**Note:** Set-Up Request Forms are due no later than (5) days prior to the event.

- Yes  No This is a request to change a previously scheduled date.  
If YES, please indicate the original date/time: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED FOR ALL SPECIAL EVENTS**

- Yes  No Will this event be open to non-parishoners?  
 Yes  No Is this a diocesan event?  
 Yes  No Is this a diocesan-wide event?  
 Yes  No Will children be present?  
 Yes  No Will any fees be charged for attendance or participation?  
 Yes  No Is this a fundraiser?  
 Yes  No Will there be a speaker from outside the parish?  
If YES, please provide name and phone number: \_\_\_\_\_  
 Yes  No Will alcoholic beverages be present at this event?  
 Yes  No Will alcoholic beverages be sold at this event?

If you answered "Yes" to any of the above listed questions, or you believe additional information will be helpful, please provide details below:

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

**FOR OFFICE USE ONLY**

Request received by: \_\_\_\_\_ Date received: \_\_\_\_\_

- Walk-through completed. By: \_\_\_\_\_ Attended by: \_\_\_\_\_  
 Set-up Form completed  
 The guest speaker has been approved by our pastor.

- Your request:  Has been scheduled as requested.  
 Your event conflicts with a previously scheduled event.  
 Please contact the Office Manager in the Ministry Center Office.  
 See Inspection Report for cleaning, damage, or property loss.  
 Other comments: \_\_\_\_\_

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

Request Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Office Manager / Secretary \_\_\_\_\_ Date: \_\_\_\_\_

Pastor \_\_\_\_\_ Date: \_\_\_\_\_