

St Matthew Catholic Church

Room Request Form

Contact Information (Please Print)

Ministry Name: _____

Contact Name: _____

Title/Position: _____

Address: _____

Phone: _____

Email: _____

Event: _____

Number of people expected: _____

*Room Requested: _____ Room Assigned: _____

(Office Use)

Beginning Date: _____ Ending Date: _____

Start Time: _____ End Time: _____

Day of the Week: _____ How Often: _____

(weekly/monthly/one time etc.)

Activities that will be taking place during your event:

Signature of Responsible Party: _____

Date: _____

*Food/Beverage are not allowed in the Sacred Heart Room