ROOM RESERVATION REQUEST

Sacred Heart of Jesus Catholic Church

Please complete in full and drop off (or mail) to the church office. You can also email to: hsvsacredheart@gmail.com

YOUR NAME		
YOUR PHONE NU	MBER	
YOUR EMAIL		
ORGANIZATION N	NAME	
	EVENT IN	FORMATION:
Type of Event		Event Start Time:
Date(s) of Event:		Event End Time:
Estimated Number	er of Participants:	
Do you need set u	up time ahead of event start t	ime?
	(please expla	ain in as much detail as possible or indicate NONE)
as well as turning o		space is left in the same condition in which it is found when function is done. Should there be any issues, ice, 501-922-2062, ext. 10.
Signature		Date
OFFICE USE ONLY:		
Date	Room Assigned	Website Updated
Distribution: Origina	al to File; Copies to Requestor and	Building Management

Updated: 8/23/2022