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|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|--------|-------------|-------|
| JUL 2006 | AUG 2006 | SEP 2006 | OCT 2006 | NOV 2006 | DEC 2006 | JAN 2007 | FEB 2007 | MAR 2007 | APR 2007 | MAY 2007 | JUN 2007 | | CHURCH | COMM CTR | OTHER |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|--------|-------------|-------|

MASTER CALENDAR REQUEST

REQUESTED BY:

Ministry/Organization: _____

Contact Name: _____

Phone: _____ E-Mail: _____

Date Request Submitted: _____

EVENT:

Name/Title: _____

Description: _____

DATE/TIME REQUESTED:

Recurring* Fixed Date**

First Choice: Date _____ Time in _____ Time Out _____

Second Choice: Date _____ Time in _____ Time Out _____

Third Choice: Date _____ Time in _____ Time Out _____

* If this is a recurring event - monthly meeting, weekly course, etc. check the appropriate box and under date enter the recurring schedule, such as "First Tuesday of each month" or "every Thursday", etc.

** If event has a fixed date, check the appropriate box. Fixed dates may include specific holidays/feast days or events scheduled by parties outside Holy Family Parish (i.e., diocesan, regional, national organizations.) Keep in mind that requests with multiple date options have a greater chance of being accepted.

FACILITY REQUESTED

CHURCH

- Church[†]
- Blessed Sacrament Chapel[†]
- Sacristy[†]

COMMUNITY CENTER

- Community Center - All*
- Community Center - Gymnasium
- St. Joseph Hall*
- St. Mary Hall
- Faith Formation Classrooms

OTHER

- Parish Office Conference Room
- Fine Arts Center⁵
- School Classrooms⁵
- _____

[†] Liturgical norms considered in reserving these facilities.

* Special requirements apply to events with kitchen required.

⁵ Request will be forwarded to HF School administration.

| | | |
|-----------------------|-----------------------------------|--|
| Authorized: | Placed On Master Calendar: | Not Scheduled, Returned To Requestor: |
| By: _____ Date: _____ | By: _____ Date: _____ | By: _____ Date: _____ |