

## Our Lady of the Lake Church Scheduling Request Form

Please fill out this form with your request for use of the facilities during the upcoming year. It is important to fill in all requested information. If scheduling repetitive events, please make sure you indicate all date exceptions.

**\*\*Note:** Please submit this form at least 2 weeks prior to the event. Events will not be scheduled without this form.

<p>Today's Date _____</p> <p>Event Name _____</p> <p>Department _____</p> <p>Staff Member _____</p> <p>Phone Number _____</p> <p>(Cell) _____</p> <p>E-Mail _____</p>	<p><b>Requested Space – First Choice (Please Check)</b></p> <p>_____ Presentation of Mary Room (large meeting room)*</p> <p>_____ Gymnasium                      _____ Gathering Space</p> <p>_____ Fireside Room                      _____ Library</p> <p>_____ Classroom # _____                      _____ Art Room in School</p> <p>_____ School Cafeteria                      _____ Other</p> <p><b>Second Choice if the requested space is unavailable</b></p> <p>_____</p>
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Please check one of the following:                      **One Time Event** \_\_\_\_\_                      **Continuous Event** \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_                      **If Recurring, Date From** \_\_\_\_\_                      **To** \_\_\_\_\_

**Frequency of Use (daily, weekdays, 2<sup>nd</sup> Tuesday, monthly, etc.)** \_\_\_\_\_

*Note all date exceptions (list actual dates NOT using the facilities, i.e. July 4, December 25, February 14)*

\_\_\_\_\_

**Actual Event Time (will print in bulletin)**                      **Start:** \_\_\_\_\_ AM PM                      **End:** \_\_\_\_\_ AM PM

**Additional Time (not included in bulletin)**                      **\*\*SET UP** \_\_\_\_\_ (minutes)                      **CLEAN UP** \_\_\_\_\_ (minutes)

*\*\*Set Up time is when the building and/or selected room will be unlocked for your use.*

**Expected Number of People Attending the Event** \_\_\_\_\_

**Special Needs (TV, VCR, chairs, tables, Large Meeting Room Equipment, see below\*)** \_\_\_\_\_

\_\_\_\_\_

*\*If using the audio/visual equipment in Large Meeting Room, please note: Person using equipment has been trained in the proper usage and agrees to the terms of usage:* \_\_\_\_\_

Responsible Person's Signature

Please return this form to Charlotte Nee (952-472-1284 ext. 163, [cnee@ourladyofthelake.com](mailto:cnee@ourladyofthelake.com)) in the Church Office as soon as you have your dates selected. You will receive a confirmation e-mail once your event has been scheduled.

Church related events (funerals, wedding, or other liturgies) will take precedence over your planned event. OLL will make every effort to accommodate your group, but there might not be any alternative space that is appropriate.

Each group is responsible for leaving the area in the same condition it was found. Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date