

# ROOM REQUEST FORM FOR NON-PARISH MINISTRY

All scheduling is subject to change based on Parish needs

1. Name of Ministry \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_  
Time room is needed: \_\_\_\_\_

2. Room(s) desired: \_\_\_\_\_ (Church basement, gym, etc.)  
If this room is needed on a weekly or monthly basis, please note that, as well as any date that you will not need the space requested:

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Dates not needed: \_\_\_\_\_

3. Will children be present or participating in the event: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

| Adults present:<br>Name | date of signed<br>code of conduct | date of<br>background check | date & place of<br>VIRTUS |
|-------------------------|-----------------------------------|-----------------------------|---------------------------|
|-------------------------|-----------------------------------|-----------------------------|---------------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

4. Special items needed: \_\_\_\_\_ How many? \_\_\_\_\_

|        |       |
|--------|-------|
| Chairs | _____ |
| Tables | _____ |
| Other  | _____ |

5. Is extra time needed for set-up? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify time: \_\_\_\_\_

6. Is extra time needed for clean-up? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long? \_\_\_\_\_

7. Person/People responsible for set-up and clean-up: \_\_\_\_\_

**\*\* Insurance coverage form needed.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Initials: \_\_\_\_\_