



Facilities Request Form — St. Ladislav Ministries

Ministry: _____

Person filling out this form: _____

Phone: _____ Email: _____

Activity description: _____

Proposed Date: _____ Time: _____

Space requested: _____

Anticipated number of people: _____

Sketch of room set up:

For staff use: Date received: _____ by _____

Date approved: _____

Leader notified of approval: Date _____ by _____

