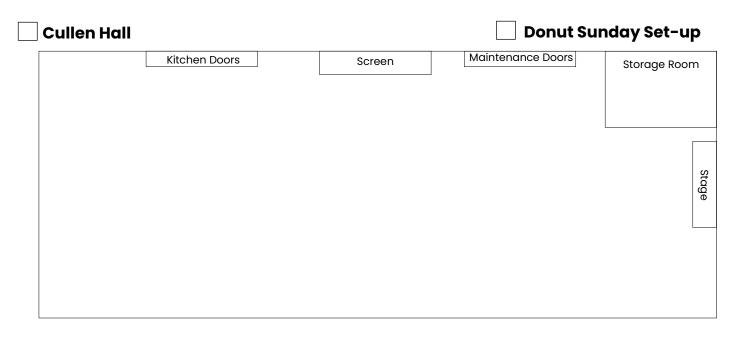
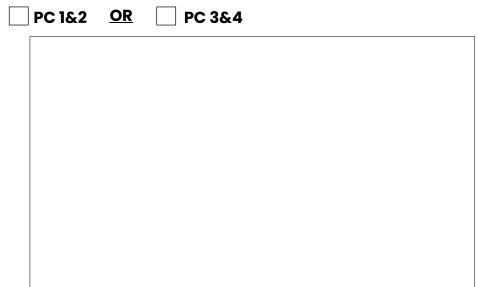
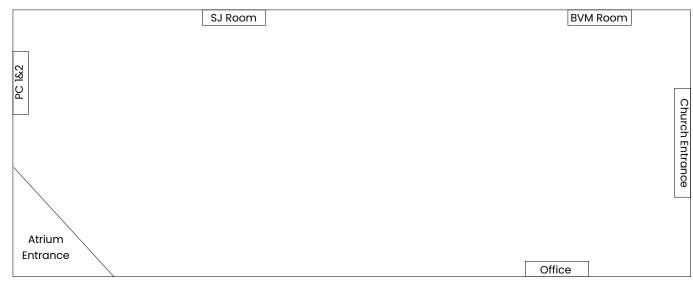
## St. Ladislas Facility Request

Name:	
Phone:	Email:
Ministry:	
Event Description:	
Meeting Date:	
Recurring? (circle): Yes No	If recurring, how often? (circle): Weekly Monthly Yearly
Recurrence Date(s):	
Event Start Time: am/pm	n Event End Time: am/pm
Day of Event Set-up Time**:	Estimated Number of People:
Space Requested (check prefe	erence):
Cullen Hall	PC 1&2 (OR if unavailable PC 3&4)
Blessed Virgin Mar	y Conference Room St. Joseph Conference Room
Atrium	Church/Chapel
Appliances Requested:	
Kitchenware Requested:	
AV Equipment Requested:	
Please submit your room set-up plan on the back of the facility request form.  Kindly submit room set-ups at least 2 weeks prior to event.	
**Please note: Requests of adjustments may be required for	are subject to availability. If Cullen Hall is needed for a funeral luncheon, or your event or event set-up. Entire requested set-up time is not guaranteed.
For Office Use:	
	by
Date Approved:	
Leader Notified:	by
Notes:	





## Atrium



Screen