

ST. LUKE THE EVANGELIST CATHOLIC CHURCH
FACILITY USE REQUEST FORM

TODAY'S DATE: _____

NAME: _____ EMAIL: _____

PHONE: _____

REQUESTED DATE OF USE: _____

START TIME/FINISH TIME: _____

FACILITY REQUESTED: (room name or number or campus area):

TYPE OF USE: _____

USER'S CONTACT INFO:

NAME: _____

PHONE: _____ EMAIL: _____

SPECIAL REQUEST: _____

COMMENTS: _____

APPROVED BY: _____ DATE: _____

ENTERED IN BOOK BY: _____

DATE: _____