

St. John the Evangelist R. C. Church

25 Ocean Avenue • Center Moriches, New York 11934

631-878-0009

Fax 631-874-2466

www.sjecm.org



Requisition for Use of Parish Facilities

Date: _____

Ministry/Group: _____

Event Title: _____

Brief Event Description:

Briefly list all equipment needed – audio, visual, tables, chairs, etc.:

Will you be submitting special setup needs? YES NO

Submit a diagram to Katie Waller, Business Manager, two weeks prior.

Name of Person Responsible for Event: _____

Phone #: _____ email address: _____

Facility/Facilities Requested: _____

Expected number of people to attend: _____

Please indicate your preference. Acceptance will be based on availability.

Single Event

Day of the Event: _____

Mon/Tue/etc.

Date of the Event: _____

Mo/Day/Yr

Time of the Event: From: _____ AM/PM

To: _____ AM/PM

How much time is needed for setup? _____

min How much time is needed for cleanup? _____ min

Recurring Event

Please describe event below:

(for example: write down “Sun. 3/23/08, Mon 3/24/08 and Fri 03/25/08 or write down “the event will occur daily M/W/F each week” or “the event will occur weekly on Fri” or “the event will occur on the 1st & 3rd Tues...” etc.

Start Date: _____

Mo/Day/Yr

End Date: _____

Mo/Day/Yr

Time of the Event: _____

Additional Information:

How much time is needed for setup? _____ min How much time is needed for cleanup? _____ min