



Santa Sophia Church
 9800 San Juan Street, Spring Valley, CA 91977
 Phone: 619-463-6629 ~ Fax:: 619-463-8101 1/2010

Facility Reservation Request ~ One Day Event/Activity

Requestor Information: Today's Date
 Organization: Academy _____ Preschool _____ CMO _____ Parish Organization _____ Other _____

Group Name _____ Contact's Day Time Phone # _____
 Contact or Chair Person _____
 Contact's Cell # _____ E-Mail: _____

Room, Date & Time Requested: (Include your set-up & cleanup times when requesting room)
 ___ Prendergast Hall ___ DeMoor Room ___ Daniels Room ___ Verhoeven Room
 ___ Kitchen ___ Academy Library ___ Resource 1 ___ Resource 2

Date (1st Choice) _____	Set-up Time Start:	Event Time Start:	Time Event Over:	Clean-up Time Over:
Date (2nd choice) _____	Comments: _____			

Estimated Total Attendance: _____ # of Adults: _____ # of Youth: _____

Classification Information: Name of Event: _____

Purpose of Event: _____

Event open to public: Yes: ___ No: ___ Comments: _____

Fundraising event: Yes: ___ No: ___ Caterer to be used? Yes: ___ No: ___ Name: _____

Will food be served: Yes: ___ No: ___ Type: _____

Will alcohol be served: Yes: ___ No: ___ Type: _____ Liquor License Needed: _____

Who will clean up: Volunteers: _____ Parish Staff: _____ Name: _____

Equipment needed: ___ Microphone ___ Lapel or ___ Hand Held ___ Podium ___ Other _____

(Please turn in a separate "Room Set-up" to Jim Kinney 3 business days prior to this event.)

NOTE: Bookings may not be requested more than twelve months in advance of event date. Every effort is made to accommodate all requests for use of the facilities. Santa Sophia Parish reserves the right to decline or to reschedule events for any reason.

Parish Office Use Only:

Date Received: _____ *Event Date Confirmed:* _____ *Alternate Date(s) Available:* _____ *Date Confirmation Sent:* _____

Fee to be charged: Yes ___ No ___ Amount of Fee: \$ _____ To be paid: _____

Comments: _____ (1/2010)