

HOLY SPIRIT CHURCH
Facility Schedule Form
 Please complete this form and return it to
peggyb@hscfv.org

Date Received: _____
 Organization: _____
 Contact Person: _____
 Address: _____
 City: _____
 Home Phone: _____ Work Phone: _____
 Purpose of Meetings: _____
 E-Mail Address: _____

Facility Requested	From (Date)	To (Date)	Start (Time)	End (Time)	# Persons	Frequency (Weekly, Monthly)	Exception to Frequency

*****Anytime your group of 100 or more will be serving food we need to be notified at least a week in advance so we can order an additional trash can.**

Comments: