



# Ascension Catholic Church

## Space Request

Today's Date: \_\_\_\_\_

### Event Information

Event Name \_\_\_\_\_

Event Day & Date \_\_\_\_\_

Person Submitting Request \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Number of People \_\_\_\_\_

Set Up Time	Start Time	End Time	Lockup Time

#### School

- Gym & Kitchen   
  Pine Room & Kitchen   
  Library   
  Classroom

#### Parish Center

- Dining Room & Kitchen   
  Chapel (max 20ppl)   
  Rm 215 (max 12ppl)   
  Rm 209 (max 8ppl)
- Rm 207 (max 5ppl)   
 Lower Level   
 Backyard

#### Other Location

- Church   
 Parish Green/Playground   
 Courtyard   
 Other

#### Special Needs

- Lift   
 Screen   
 Projector   
 Microphone
- TV   
 DVD/VCR   
 Use of Ascension Equipment

Description of Activity \_\_\_\_\_

Name of Person in charge of setup & keys \_\_\_\_\_

Mobile # \_\_\_\_\_

Email address \_\_\_\_\_

Home # \_\_\_\_\_

#### Staff Member

Do you know how to enter and work the doors, lights, mikes, coffee pots in the room you are requesting?  
 Do you know how to keep the PR and Gym doors open?  
 Please contact the Parish Center for assistance.

**For Office Use**

Approved

Rejected

Comments/Questions

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*Staff Signature*

*Date*