



Event Request

****No event that contradicts Catholic Teaching will be considered.***

Contact Info:

Contact Person: _____ Phone: _____
Email: _____

Event Info:

Sponsoring Ministry/Group:

Proposed Event Title:

Proposed Event Description/Purpose of Event:

Event Date(s)/Time(s):

Event Type:

- Private
(activities limited to members of and special guests of group)
- Public
(activities open to general public)

Event Participants:

- Adult Activity
- Youth Activity
(Please submit names of your adult volunteers. Adult volunteers must be compliant with Virtus regulations)

Number of Participants Expected: _____

Event Location:

- On Campus
(Please fill in Facilities section)
- Off Campus, where?

Facilities:

(select all that apply, please note we will do our best to fulfill request but you may not get your preference. Please check parish calendar to get an idea of what rooms may be available for the date you want)

- | | | |
|--|--|--|
| <input type="checkbox"/> Classroom151 | <input type="checkbox"/> Fr. Roettele Room | <input type="checkbox"/> MPR |
| <input type="checkbox"/> Classroom152 | <input type="checkbox"/> Gathering Space | <input type="checkbox"/> MPR Kitchen |
| <input type="checkbox"/> Classroom153 | <input type="checkbox"/> Gym | <input type="checkbox"/> Music Room |
| <input type="checkbox"/> Classroom 234 | <input type="checkbox"/> Holy Hallway | <input type="checkbox"/> York Room |
| <input type="checkbox"/> Classroom 251 | <input type="checkbox"/> Hospitality Room | <input type="checkbox"/> St. Margaret Room |
| <input type="checkbox"/> Classroom 252 | <input type="checkbox"/> Knight's Hall | <input type="checkbox"/> Teacher's Lounge |
| <input type="checkbox"/> Classroom 253 | | |
| <input type="checkbox"/> Church | | |
| <input type="checkbox"/> Day Chapel | | |
| <input type="checkbox"/> Fr. Tom Conference Room | | |
| <input type="checkbox"/> Fr. Obermeyer Room | | |

Set Up Needs:

(Please specify number and quantity of tables, chairs, or other parish resources that are needed for your event, if we cannot provide something you will be notified. Additionally, there will be \$250 teardown fee if staff is tearing down. Please leave the facility better than you found it. Thank you.)

Audio/Visual Services:

(additional fees required for this service, please call parish office for details.)

Notes:

Office Use Only:

Calendar Approval:

_____ (name) _____ (date)

Maintenance Approval:

_____ (name) _____ (date)

Other Approval:
(when deemed necessary)

_____ (name) _____ (date)

Date Request was Recieved:

Please Send Completed Forms to:

Email:
calendar@smoy.org

Post:
*Attn: Event Request
9499 Columbia Road
Loveland, OH 45140*