CALENDAR RESERVATION REQUEST

Our Lady of Lourdes Church, St. Anne Church, Seton School (circle one, one please)

<u>Please complete this form and return it to:</u> <u>Gail Layer for Seton, or</u>

SA: Robert Layer, <u>rlayer@dor.org</u> or OL: <u>JCummings@dor.org</u> at Cluster Office, 150 Varinna Dr, 14618

Actual Event day/date:		
•	Day	Date
Actual start/end time:		
	Start time	End time
Set-up/Take-down Time:	Set-up time	
T: 1	Sei-up time	Take-aown time
Times you want the doors set:	Usually opened ½ ho	our before and after the event starts
Actual room(s) requested:		
Anticipated attendance:		<u> </u>
Complete Name of Event: (i.e. New Horizons Summer Concert)		
Group's Name: (i.e. Eastman School of Music)		
Group Contact Person's Name	:	
Contact's Info:	Complete Mailing Address	
	Email Address	
Contact's Phone #:		Alternative (Work or Cell)
Set-Up Needs: (# of tables, chairs, etc.) Submitted by:		
Submitted by.	Name	Phone Number
Today's Date:		
Entered into EMS by:	Robert	Date
Quoted Rental fee, where applicable		