

FACILITY SCHEDULER

St. Adalbert Parish & School

3314 St. Adalbert Road
Rosholt, WI 54473
715-677-4519
parish@rosholtcatholic.org

Today's Date: _____

Submitted on behalf of: _____

For the purpose of: _____

Requestor: _____ Phone: _____

Email: _____

Yes No -- I would like a copy of this form to be returned to me.

Please indicate all areas that you need reserved:

(Church Proper, Church Vestibule, Church Basement Hall, Church Kitchen, Church Yard, School, School Yard)

Location: _____ Date(s): _____ Time(s) _____

Location: _____ Date(s): _____ Time(s) _____

Location: _____ Date(s): _____ Time(s) _____

Location: _____ Date(s): _____ Time(s) _____

Location: _____ Date(s): _____ Time(s) _____

Upon approval a copy will be returned to requestor with any other necessary information and paperwork.

Office use:

Notes:

Date received: _____ Entered on Calendar: _____

Copy to contact (if requested): _____