

KOLBE CATHEDRAL HIGH SCHOOL

FACILITIES RESERVATION FORM

******CATHEDRAL PARISH******

EVENT: DATE _____ DAY: _____

TIME: START _____ END: _____

TYPE OF EVENT: _____

NUMBER OF PEOPLE EXPECTED: _____

ROOM/SPACE REQUESTED: _____

SET UP REQUIREMENTS: _____

CONTACT PERSON: _____

PHONE : _____

SUBMITTED BY: _____

DATE: _____

PROCESS:

1. Complete the form in printed letters.
2. Submit to Parish Priest approval.
3. Parish Priest will review, and if appropriate, submit the request to Kolbe Cathedral.
4. Kolbe will approve or disapprove and return form to Parish Priest by fax. The fax number is 203-368-6386.
5. Parish Priest will advise requesting group of approval/disapproval.

APPROVALS:

ST. AUGUSTINE: YES _____ NO _____ DATE: _____ BY: _____

KOLBE : YES _____ NO: _____ DATE: _____ BY: _____

IF DECLINED, REASON (S): _____

IF DECLINED DUE TO THE TIME REQUESTED, IF AN ALTERNATE TIME POSSIBLE WHAT IS IT: _____

FACILITIES MANAGER _____

PROCESS: _____

COMPLETE FORM: _____