

OUR LADY OF THE VALLEY PARISH

REQUEST FOR USE OF FACILITIES

Return the completed form to the Parish Office as soon as possible. PLEASE USE ONE FORM FOR EACH DIFFERENT CLASS OR ACTIVITY. Rooms will be reserved on a first come first serve basis.

Date _____

Organization / Ministry _____

NOTE: If the organization is not affiliated with Our Lady of the Valley or the Diocese of Tucson, you will be required to submit a "Proof of Insurance" Form

Contact Name _____ Phone Number _____

Publish this activity in the bulletin: Yes No

Space Needed: Meeting Room Hall Kitchen Other _____

| Day of the Week | Month | Date(s) | Time <small>(Space will be available ½ hour prior)</small> |
|------------------------------------|------------------------------------|---------|---|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> January | | |
| <input type="checkbox"/> Monday | <input type="checkbox"/> February | | |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> March | | |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> April | | |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> May | | |
| <input type="checkbox"/> Friday | <input type="checkbox"/> June | | |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> July | | |
| | <input type="checkbox"/> August | | |
| | <input type="checkbox"/> September | | |
| | <input type="checkbox"/> October | | |
| | <input type="checkbox"/> November | | |
| | <input type="checkbox"/> December | | |

DESCRIPTION OF CLASS OR ACTIVITY

- Attach a copy of Room Set-Up Form if you have specific needs.
- Please notify Parish Office of any cancellations or changes

FOR OFFICE USE ONLY

Assigned: 208 210 213 225 Hall Kitchen Church
 BL John Paul II BL Teresa of Calcutta OL of Guadalupe St. Joseph

Entered: Date _____ By _____ Copy to Group Pastor Review _____