

Saint Thomas Parish

4415 South 140th Street * Tukwila, WA * 98168 * (206) 242-5501 * www.thomas-oll.org

FACILITY REQUEST FORM

Group: _____ Contact person: _____

Address: _____ City _____ Zip _____

Home #: _____ Work # _____ Cell # _____

Date Preferred	Start Time	End Time	Location Preferred	2 nd Choice	Event Title	Number of people attending

Event description: purpose of event, who will be present, are they parishioners? (Please explain as detailed as possible)

Users are responsible for safeguarding facility when in use, closing and securing facility in a satisfactory manner after use and advising office of any changes or cancellations. Please be sure to complete an "After Use Checklist" and other requirements for each event. Please return this form to parish office for approval. Please submit this form at least 3 months before the event.

Signed _____ Date _____

Received by _____ Date _____

** If this is a weekly event, please attach a list of dates you are going to use. You can place this form in the collection basket.

Church office use only

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Entered in the Calendar: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---