Our Lady of Victory Parish and School: Facilities Use Request Return completed copies to Parish Office no less than 14 days prior to date requested

Organization Name:	rganization Name:			Date:	
Contact person:	Phone #:				
E-mail:					
Address:					
Reason for request:	Approx. #	of people:			
Day and Date(s) needed: _					
Time needed: AM	PM From	to			
	rents require a staff person vities must be completed (
	Room re	equested:			
School Areas		Pa	arish Areas		
Gym	Art Room	Fr. Ernie	Center _	Kitchen	
Cafeteria	Victory Hall	Martha &	Mary _	John XXIII	
Library	Other	Catherine	e McAuley _	Other	
Equipment ne	eded (use diagram for V	ictory Hall and/or	Fr. Ernie if no	eeded):	
Chairs	Tables	Dishes	F	latware	
Stage	Audio Visual, if yes, wl	nat specifically:			
Will an OLV Staff member	be present to open/close	the facility?	yes _	no	
If yes, who: If no, who will be the respo found:	onsible person to insure t	he room is left as it w	vas		
Signature of contact person			Date		
++++++++++++++++++++++++++++++++++++++	+++++++++++++++++	+++++++++++++	+++++++++	+++++++++++	
Date (s) Approved: yes _	no Area Requ	ested Approved: ye	es no		
Scheduled in Dynacal:					
Approved by:	pproved by: Date:				