

Our Lady of the Woods - Meeting Space Request Form

Must be submitted a minimum of 7 days prior to Date of Event

Please complete and return to Parish Office
OR Email Form to: parishoffice@ourladyofthewoods.org

Today's Date: _____

Day and Date of Event: _____

Name of Ministry/Group: _____

Purpose of Event: _____

OLW Staff/Ministry Person: _____

Set-up Time before Meeting Start (if needed): _____

Meeting Time-Start and End: _____

Room/Site Requested (if preference): _____

Special Room Layout: _____

Number of Adults: _____ Number of Children: _____

Number of Chairs: _____ Number of Tables: _____ Long _____ Round

Wireless Microphone (available Gather Space, 108A/B and 118):

Digital Projector: DVD: Laptop Computer: Mac®/Other Adapter/Cable:

Requestor/Contact Person Name/Phone: _____

Email: _____

Other (Special needs, etc.): _____

Additional Instructions: Email Separate Attachment

Hospitality Supplies Needed for Event YES NO

(Please "click" boxes as necessary) Supplies will be left in the Hospitality Kitchen

Coffee	<input type="checkbox"/> YES <input type="checkbox"/> NO	Powdered Cream	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coffee Brewer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cups	<input type="checkbox"/> YES <input type="checkbox"/> NO Qty. ____
Coffee Carafe	<input type="checkbox"/> YES <input type="checkbox"/> NO Qty. ____	Juice Glasses	<input type="checkbox"/> YES <input type="checkbox"/> NO Qty. ____
Water Pitchers	<input type="checkbox"/> YES <input type="checkbox"/> NO Qty. ____	Paper Plates	<input type="checkbox"/> YES <input type="checkbox"/> NO Qty. ____
Platters	<input type="checkbox"/> YES <input type="checkbox"/> NO Qty. ____	Napkins	<input type="checkbox"/> YES <input type="checkbox"/> NO Qty. ____
Sugar	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sweet & Low	<input type="checkbox"/> YES <input type="checkbox"/> NO

****If Necessary to Cancel Meeting – Contact Parish Office at 708-361-4754****

Office Use Only
Calendar Entry YES <input type="checkbox"/> NO <input type="checkbox"/>
BY _____
Date _____
HVAC Entry YES <input type="checkbox"/> NO <input type="checkbox"/>
Copy to: <input type="checkbox"/> Shelly <input type="checkbox"/> Ron <input type="checkbox"/> John M. (hospitality) <input type="checkbox"/> Shelly (insurance)