



Saint Ambrose

Facility Request Form

929 PEARL ROAD
BRUNSWICK, OH 44212
330.460.7300
KPEARL@STAMBROSE.US

DATE FORM SUBMITTED: _____

TIME FORM SUBMITTED: _____

Event Name: _____ Ministry: _____

Contact Person: _____ Number of People Expected: _____

Email: _____ Phone: _____

Event Date: _____ **Event Start Time** (does not include set-up): _____

Event End Time (does not include clean-up): _____

Set-up Time (before start time): _____

Clean-up Time (after end time): _____

- Room(s): HH Gym HH Room 1 HH Room 2 HH Room 3 HH Room 4 HH Kitchen
 LC Matthew LC Mark LC Luke LC John LC Fr. McGivney LC Kitchen Down
 PLC John Paul II PLC Mother Teresa Room PLC Patio
 Main Church Chapel
 School Library School Room(s) # _____

Please check which Parish Calendars your event should appear on (check as many as apply):

- | | | |
|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Parish | <input type="checkbox"/> Music | <input type="checkbox"/> FR/FE Sacramental Prep |
| <input type="checkbox"/> School | <input type="checkbox"/> PSR | <input type="checkbox"/> Adult Faith Formation |
| <input type="checkbox"/> Staff | <input type="checkbox"/> FIAT | <input type="checkbox"/> Website Calendar |
| <input type="checkbox"/> Liturgy | | |

Additional Information: _____

*Please Note: A **facility set-up form** needs to be supplied for your event AT LEAST 2 weeks in advance.*