Saint Ambrose

Facility Request Form

929 Pearl Road
Brunswick, OH 44212
330.460.7300
JBaldwin@StAmbrose.us

DATE FORM SUBMITTED: _____ **TIME FORM SUBMITTED:** _____

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

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): _____

Please find me a room ☐ I will need help with A/V ☐

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 (A/V Capabilities) ☐ PLC Mother Teresa Room (A/V Capabilities) ☐ PLC Patio

☐ Main Church ☐ Chapel ☐ Family Room (AV) ☐ School Library ☐ Grotto ☐ Boosters Field

☐ Parking Lot ☐ School Room(s) # _____ ☐ Other _____

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

☐ Parish ☐ Music ☐ FR/FE Sacramental Prep ☐ Liturgy ☐ Website Calendar

☐ School ☐ PSR ☐ Adult Faith Formation ☐ Staff ☐ FIAT

Do you need the doors to the building your meeting is in to be opened earlier or later? _____ Yes _____ No

Open Time_____ Lock Time _____

Additional Information: _____

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