

Saint Ambrose

Facility Request Form

929 Pearl Road Brunswick, Ohio 44212 330.460.7300 MHalenar@StAmbrose.us

DATE	FORM SUBMITTED: TIME FORM SUBMITTED:
Pleas	se 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 (<u>before</u> start time):
	Clean-up Time (<u>after</u> end time):
Please find me a	room I will need help with A/V
Room(s): HH	
	latthew 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
Maii	n Church Chapel Family Room (AV) School Library Grotto Boosters Field
Par	king Lot School Room(s) # Other
Please check which	n Parish Calendars your event should appear on (check as many as apply):
P	Parish Music FR/FE Sacramental Prep Liturgy Website Calendar
	School PSR Adult Faith Formation Staff FIAT
Do you need the d	oors to the building your meeting is in to be opened earlier or later? Yes No
Oper	n Time Lock Time
Additional Informa	tion: ————