	R LADY OF THE LAKE F		
032.0			Cancer
Organization Name _	Name Your Name		9
Contact person Telephone #		#	
	<b>-</b>	Hours - From	to
Day (Mo (Remem	on,Tues,etc) Month, Date, Yea ber - if you set- up one day and the even	r (incl. set-u	p and take down time)
Activity being held	* * * Event is not to be advertised or	held until approval is received. * * *	
Tir			
	ne of event		
	Mass - Celebrant		
Which Building?			
🗅 - JPII 🗖 Garage			
- St. Joseph Hall			
	n Center & School (Classro		ng room not available)
	ria 🛛 Kitchen 🔲 Classro		
Church St Thomas More	Room 🛛 Cry Room 🗖 Info	rmation Booth	
	erence Room		
- Parking lot near H	oly Family Parish Center	(cones need to be around designated area and dr	ve through is to be blocked off)
Signature of Individual comp	leting this form		Date of request
Department Head Name	Department Head Signature	Required	Date
-	Department Head Not Available	-	
	n completed facility use for everse side, if needed) at le	<b>.</b> .	
-	rangements need to be made	•	· ·
You are re	esponsible for securing the fa Please be sure to chec	k the locking schedule.	in building.
Check if a CHANGE to original request. Date of original request (Be sure to indicate what is changing - from what to what)		Check if original request is CANCELLED. Date of original request	
		LI Annroved by	
□ Not Approved □ Nee	eds Fr. Tony's Approval		Date
□ Notify Religious Ed	Notify Maintenance	Notify Liturgy/Music	Notify Soup Kitchen
	<ul> <li>Notify Maintenance</li> <li>School</li> </ul>		

## OUR LADY OF THE LAKE ROMAN CATHOLIC PARISH SET-UP WORK ORDER FORM

The following information is necessary in order to help you make your event a success. If this form is not submitted with the Use of Facility Form, please submit to the **Parish Office at least two (2) weeks** in advance of your planned event. Your cooperation is greatly appreciated.

Organization Name	Event
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Date of event \_\_\_\_\_\_ Time event begins \_\_\_\_\_ # Attending the event \_\_\_\_\_

EQUIPMENT NEEDED: 
Sound 
DVD Player 
Microphone 
Podium 
TV 
VCR 
Pull down screen 
Projector
Parking Lot Lights 
Air Conditioning Setting \_\_\_\_\_0

TABLE and/or CHAIR ARRANGEMENT: In the space provided below, please draw a configuration of how you would like the chairs and tables arranged. Please indicate doors, kitchen, etc. If it becomes necessary for you to rearrange the configuration of the room, please **DO NOT DRAG THE TABLES.....** 

## Classroom End of Room – Holy Family Parish Center Restroom End of Room - St. Joseph Hall

Kitchen End of Room – Holy Family Parish Center Folding Front Doors End of Room - St. Joseph Hall

Your name and phone number\_\_\_\_\_

Since the Maintenance Department does not work on Saturday and Sunday, it will be necessary for the facility to be returned to the normal setup.

## Please leave the facility as clean as you found it.

Be sure to follow the guidelines given to you. Thank you....

If you have any questions regarding the set up of the facility, please contact the Parish Office or Bradley Reese, Maintenance Supervisor - at 928-855-2685 Monday through Friday, 8:00 a.m. to 5:00 p.m.

Date