



Your name _____

Group name _____

E-mail _____

Cell/other phone _____

Today's Date _____

Room Reservation Request Form

Name of your event _____

1st and 2nd Room choice _____

Date(s) of your event _____

If this is a recurring event please list all dates, avoiding holidays/holy days. Only one type of event per sheet.

Advertised start time of your event _____

Event end time _____

Time needed for setup _____

Time needed for cleanup _____

Number of people you are expecting _____

If your request requires set-up by our maintenance staff, please attach a diagram of the set-up.

Fundraiser? Yes No **If yes, please submit your fundraising application with this form.**

Due to unforeseen parish events such as (but not limited to) funerals, missions, bible studies, etc. – your request is subject to change. We apologize for any inconvenience this may cause and we will make every attempt to give you ample notice.

The applicant as signed below, and the applicant's organization, agrees to protect, indemnify, defend, save and hold harmless The Church of the Epiphany, the Archdiocese of St. Paul and Minneapolis and their officers and employees, from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of facilities. I affirm that the above statements are true and I further affirm that I have read and understand all policies and information.

By submitting this form you are only asking for a room reservation. It is not confirmed until you receive such notice.

Confirmation is by e-mail only. Incomplete or incorrect forms will be returned and will not be processed until submitted accurately. You agree to be responsible for any clean up from your event.

Signature of Applicant

Office use only
Confirmation e-mail sent: