

ST. MARK PARISH ROOM RESERVATION FORM – PLEASE COMPLETE ALL ITEMS BELOW

NAME OF ORGANIZATION OR GROUP	DATE(S) TO RESERVE ROOM	START TIME	END TIME	ROOM YOU ARE REQUESTING

CONTACT PERSON NAME: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

APPROVED BY FR. DAN _____ **DATE:** _____

POSTED ON CALENDAR BY: _____ **DATE:** _____