## St. John the Baptist Parish Calendar Request Form

## **PLEASE READ**

- \* This Calendar is for reserving Parish Rooms & Facilities ONLY. If you need to request use of the CHURCH/CHAPEL, please call the Rectory Office (716)873-1122.
- \*When specifying times: please list START & END times. Also, specify if there is a separate SETUP/TEARDOWN time needed. The calendar will only display true times of event but we will need to reserve space for entire time needed.
- \* Klauder Gym is reserved for school activities until 6:30PM weekdays only
- \* All keys for use of the facilities **MUST BE PICKED UP and SIGNED-OUT BY A RESPONSIBLE ADULT** at the Rectory office.
- \* If children are in attendance A RESPONSIBLE PARTY ADULT MUST BE PRESENT AT ALL TIMES in ANY FACILITY.
- \* Some requests may require the approval of the pastor.
- \* If there's a conflict with your request you'll be contacted by the Rectory as soon as possible.
- \* For New Calendar Year (September-June), please submit requests by July1 deadline. Dates will be reviewed but **will not be confirmed** until the end of August.

Name of Event:		
Room(s) Needed:		
Begin Time:	*Set-up Time:	* indicate if needed prior *
End Time:	*Tear-down Time:	* indicate if needed after*
Date(s) of Event:	One tir	me only  \text{Repeat (based on availability)} \text{Days: Su M T W Th F Sa Months: Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug}
Name of Organization (associated with	h ie. SJPAA, School, Boy Scouts, etc):	
Contact Information (Responsi	ble Party): * See above note*	
Name:		
Address:		
Phone:		
Email:		
Additional notes:		
Please submit this form to:		For Office Use Only
St. John the Baptist Church Rectory Office 1085 Englewood Ave.		ted:***
Buffalo, NY 14223 Phone 716-873-1122 Fax 716-873-3305	☐ Needs Approv Initials	ved by Pastor: Date:
. 4 10 07 0 000	☐ Date entered:	Initals: