

**ST. PIUS X
FACILITY ROOM REQUEST**

DATE OF REQUEST: _____

NAME: _____

ADDRESS: _____

PHONE - DAY : _____ EVENING: _____

DATE OF EVENT: _____ TIME: _____

TYPE OF EVENT: _____

ROOM REQUESTED: KENNEDY HALL _____
RONCALLI HALL _____
FOUNDERS HALL _____

(Fees will be discussed at time of confirmation)

SET-UP REQUIRED: _____

<i>For Office Use Only</i>	
_____	Approved by Parish Office by _____ on _____
_____	Entered on Parish Calendar by _____ on _____
_____	Fees Discussed with _____ on _____
_____	Approved Form returned to _____ on _____

Email to dderienzo@piusx.org