



Your Name _____
Group Name _____
E-mail _____
Phone _____ Today's Date _____

ROOM RESERVATION REQUEST FORM

Name of your event: _____

1st Room choice(s): _____

2nd Room choice(s): _____

Number of people expected: _____ Kitchen access needed? ___ Yes ___ No

Date of your event: _____

Recurring Events: *Please list all the dates you require. As you list the dates, please avoid listing holidays and holy days where you will not be meeting:*

Event start time: _____ Event end time: _____

Time needed for set up: _____ Time needed for cleanup: _____

Each room has a standard set-up which should accommodate most events. If you require a different set-up, you must contact Sue or Marie at the Parish Office 763-537-8401 a minimum of 3 days before your event.

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 St. Raphael, 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. Incomplete or incorrect forms will be returned and not processed until submitted accurately. You agree to be responsible for any clean up from your event.**

Signature of Applicant _____

Office Use Only:

Confirmation Sent: _____

Maintenance Contacted: _____

Kitchen Supervisor Contacted: _____

Person Responsible for unlocking/locking building: _____
