

FACILITY RESERVATION FORM – 2017

Sacred Heart Catholic Church -529 I Street, Patterson CA 95363

(209) 892-9321 x1004 – FAX (209) 892-2102

Tammy A. Ulibarri - shbusiness.manager@yahoo.com

HALL REQUESTED:

_____ Father Connors Hall – 220 Salado Avenue

_____ Father Connors Hall Kitchen Only

Sister David Hall – 503 M Street

_____ Sister David Room (larger room)

_____ Meeting Room (smaller, next to kitchen)

_____ Kitchen

_____ Rectory Conference Room – 529 I Street

Date(s) Requested: _____

Time(s) Requested: _____

Your Name and Title: _____

Mailing Address: _____

Telephone # _____

What is the ministry/group requesting use? _____

What event will be held in the hall? _____

How many people will be attending? _____

Notes: _____

Please let me know if any of your approved dates are cancelled so I may open the date(s) up to others.

Office Use Only:

Key Given: _____

Approved: _____

Event Insurance: _____

License Agreement: _____

Date Confirmed: _____

Not Approved: _____

Received copy of Housekeeping Rules: _____