

ST. FRANCIS OF ASSISI CALENDAR/FACILITY REQUEST FORM

RECURRING REQUEST

1. GENERAL INFORMATION

GROUP/MINISTRY NAME: _____

CONTACT PERSON: _____ PHONE: _____

CELL OR HOME

TYPE OF EVENT/FUNCTION: _____

2. RECURRING REQUEST (EXAMPLE: SATURDAY, JANUARY 1, 2020)

START DATE OF RECURRENCE: _____, _____ 20____

END DATE OF RECURRENCE: _____, _____ 20____

SET UP TIME: _____ AM/PM TO _____ AM/PM

EVENT TIME: _____ AM/PM TO _____ AM/PM

CLEAN UP TIME: _____ AM/PM TO _____ AM/PM

RECURRANCE PATTERN:

DAILY WEEKLY BI-WEEKLY MONTHLY OTHER

RECUR EVERY: 1ST 2ND 3RD 4TH 5TH

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

**CALENDAR below
MUST BE COMPLETED**

3. FACILITY REQUESTING (CHECK ALL THAT APPLY)

<p><u>CHURCH BUILDING</u></p> <p><input type="checkbox"/> MAIN CHURCH</p> <p><input type="checkbox"/> MARY'S CHAPEL</p> <p><input type="checkbox"/> ST. JOSEPH'S CHAPEL</p> <p><input type="checkbox"/> BRIDAL ROOM</p> <p><input type="checkbox"/> FRONT AWNING</p> <p><input type="checkbox"/> GROTTA OF MARY</p>	<p><u>RECTORY</u></p> <p><input type="checkbox"/> FISHROOM</p> <p><input type="checkbox"/> DINING ROOM</p> <p><input type="checkbox"/> KITCHEN</p> <p><input type="checkbox"/> CENTER COURTYARD</p> <p><input type="checkbox"/> ENTRANCE PATIO</p>	<p><u>YOUTH CENTER BUILDING</u></p> <p><input type="checkbox"/> GYM</p> <p style="padding-left: 20px;"><input type="checkbox"/> BASKETBALL HOOPS</p> <p style="padding-left: 20px;"><input type="checkbox"/> AUDIO SYSTEM</p> <p style="padding-left: 20px;"><input type="checkbox"/> BLEACHERS VB NETS</p> <p><input type="checkbox"/> MEETING ROOM 1</p> <p><input type="checkbox"/> MEETING ROOM 2</p> <p><input type="checkbox"/> KITCHEN</p> <p><input type="checkbox"/> PARKING AREA</p>
<p><u>PARISH HALL BUILDING</u></p> <p><input type="checkbox"/> MAIN HALL</p> <p><input type="checkbox"/> KITCHEN</p> <p><input type="checkbox"/> BETENBAUGH ROOM</p> <p><input type="checkbox"/> FOYER</p> <p><input type="checkbox"/> BREEZEWAY PATIO</p>	<p><u>SCHOOL GROUNDS</u></p> <p><input type="checkbox"/> CM ENRICHMENT CENTER</p> <p><input type="checkbox"/> KITCHEN</p> <p><input type="checkbox"/> TEACHER'S LOUNGE</p> <p><input type="checkbox"/> CLASSROOM # _____</p> <p><input type="checkbox"/> OUTDOOR CHAPEL</p> <p><input type="checkbox"/> OUTDOOR GRASS AREA</p> <p><input type="checkbox"/> BASKETBALL COURTS</p> <p><input type="checkbox"/> OUTDOOR AWNING</p>	
<p><u>PARISH OFFICE BUILDING</u></p> <p><input type="checkbox"/> CONFERENCE ROOM A</p> <p><input type="checkbox"/> CONFERENCE ROOM B</p> <p><input type="checkbox"/> CONFERENCE ROOM D</p>		

PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE OR BY EMAIL AT ACRIST@STFRAN.ORG

2020

January						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
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19	20	21	22	23	24	25
26	27	28	29	30		

May						
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June						
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28	29	30				

July						
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26	27	28	29	30	31	

August						
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23	24	25	26	27	28	29
30	31					

September						
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October						
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November						
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December						
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2021

January						
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February						
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March						
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April						
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May						
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30	31					

June						
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July						
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18	19	20	21	22	23	24
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August						
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September						
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October						
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December						
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