

*St. John Bosco Catholic School*  
**Facility Request**  
**2026-2027**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ ALT. Phone: \_\_\_\_\_

Room To Be Used: \_\_\_\_\_ Date of Function: \_\_\_\_\_

Is this a one time use? \_\_\_\_\_ no, please list dates: \_\_\_\_\_

***Keys must be checked out one business day prior to the event and must be returned the next business day.***

**FUNCTION INFORMATION**

Type of function: \_\_\_\_\_ number attending: \_\_\_\_\_

Organization is expected to begin preparation by: \_\_\_\_\_ AM PM

Actual Start time: \_\_\_\_\_ AM PM End time: \_\_\_\_\_ AM PM

Clean - up (by organization) is expected to be completed by: \_\_\_\_\_ AM PM

SET - UP is expected to be completed by: \_\_\_\_\_ AM PM

\*\*\*\*\* Please submit to Facilities Supervisor for Approval \*\*\*\*\*

*For Office Use Only*

*Administrative Approval?                      Yes   or   No*

*If no, reason* \_\_\_\_\_

*Added to calendar by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**\*\*All facility requests must be submitted for approval no later than 7 days prior to the event. Failure to comply with this timeline may result in the event not being approved due to scheduling constraints.\*\***

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**Facility Set-Up Request**

**REQUESTED MATERIALS**

# \_\_\_\_\_ tables round or long

# \_\_\_\_\_ microphone

# \_\_\_\_\_ Chairs

Stage? Y or N

# \_\_\_\_\_ Benches

Kitchen? Y or N

Stanchion lights? Y or N

Sound system? Y or N

Podium? Y or N

Projector? Y or N

Any other items needed: \_\_\_\_\_

Received by Office \_\_\_\_\_ Maintenance on \_\_\_\_\_

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**Facility Set-Up Request**



Please indicate room \_\_\_\_\_