

Office Use Only:	
Date Received ___/___/___	Priority _____
Date Entered ___/___/___	

Recurring Event Request Form

Please fill out this form with your request for use of facilities during the coming year. It is important you fill out this information exactly.

Day ___/___/___ Event Name _____

Organization _____

Contact Person _____

Address _____

City/State _____ Zip/Postal Code _____

Phone (____) _____ - _____ E-mail _____

What facilities do you wish to use? _____

Estimated attendance? _____

What dates do you require? Start: ___/___/___ End: ___/___/___

What time do you need? Beginning: _____ (am)(pm) Ending: _____ (am)(pm)

Setup: _____ (minutes) Cleanup: _____ (minutes)

What frequency? (daily, weekdays, 2nd Tuesday, monthly, etc.) _____

Any exceptions to the frequency? (certain dates, months, etc.) _____

List needs i.e. AV equipment, tables, chairs, etc. _____

Please return this form to the Parish Office to the attention of Marianne Houston.

Mother of Divine Providence (610) 265-4178
Attn: Marianne Houston
333 Allendale Rd King of Prussia, PA 19406