

# Room Reservation Form – No Fee

Complete the form and turn in to the Parish Administration Office.(700 W. Bridge St.) We will confirm your request within 2 business days.

**NAME of EVENT:** \_\_\_\_\_

**Sponsoring Group or Individual:** \_\_\_\_\_

Person making the reservation: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Person 'In Charge' at Event: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Contact E-Mail address(es) \_\_\_\_\_

**\*ONE TIME EVENT:** Day of the week & Date of Activity: \_\_\_\_\_  
(ex: Monday, Feb. 29)

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## **\*\*REGULAR RECURRING EVENTS – SERIES OF EVENTS\*\***

Please describe when you wish to meet: (for example: We meet once a month, on the 3<sup>rd</sup> Tuesday evening, from September to May; or, This program will be held four Thursday evenings in a row) \_\_\_\_\_

\_\_\_\_\_

These are the specific days of the week and DATES requested: (List each date, starting date & ending date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Starting Time of Event:** \_\_\_\_\_  
(Ex. 2:15 p.m.)

**End Time:** \_\_\_\_\_  
(Ex: 4:30 p.m.)

**Set Up Hours-Prior to start (Ex. 2.5 hours);** \_\_\_\_\_ **Clean Up Hours (After end time):** \_\_\_\_\_

**Approx. Number of people:** \_\_\_\_\_ Any special needs? \_\_\_\_\_

Will food be served? \_\_\_\_\_ What kind? (snack, full meal, etc.) \_\_\_\_\_

**ROOM(S) PREFERENCE** (if any): \_\_\_\_\_

**CANCELLATIONS MUST BE CALLED IN TO THE PARISH ADMINISTRATION OFFICE AT 849-3930, Ginny Dimeo x30,  
Email:ginnyd@stanneswausau.org.**

**PLEASE REMEMBER TO CLEAN UP AFTER USE. There is a Clean Up CHECK LIST posted in the McKillip Hall Kitchen and in the 'Big Kitchen' off Fischer Hall. THANK YOU.**

**Please complete the Set-Up Instructions on the back of this form if special set-up is needed for your event.  
Please use a separate set-up sheet for each room requested**

### Office Use Only

Room Assignment: \_\_\_\_\_ Communicated to Contact on \_\_\_\_\_

Initials: \_\_\_\_\_ Photocopy made of Events with Set Up \_\_\_\_\_ Building Use Policy provided \_\_\_\_\_

**Event:** \_\_\_\_\_

**Day & Date:** \_\_\_\_\_

## **Set-up Instructions**

In the box below, please indicate how you wish to have the area set-up. If changes need to be made to your set-up, they will be communicated to you. Also let us know if any special equipment is needed...TV/VCR, Overhead Projector & Screen, Coffee Pots, Risers, Microphones, etc. If any equipment is broken or damaged, you are responsible for replacing or repairing it.

**Room Name:** \_\_\_\_\_

(Please make separate diagrams for each room when multiple rooms are requested.)

Church of St. Anne, 700 W. Bridge St., Wausau, Wisconsin