

Cathedral Basilica of St. Augustine

35 Treasury St.

St. Augustine, FL 32084

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(Please submit to JOHN GAROFALO, Parish Manager)

PARISH FACILITY RESERVATION REQUEST FORM

Organization Name: _____

If event contact person is different

Event Name: _____

Type of Event: _____

Name: _____

Requested By: _____

Cell Phone Number: _____

Cell Phone Number: _____

Email: _____

Email: _____

<u>Facility</u>	<u>1st Date Choice</u>	<u>2nd Date Choice</u>	<u>Time Event Starts & Ends</u>	<u>Set up time needed(minutes)</u>	<u>Clean up time needed (minutes)</u>
Cathedral	_____	_____	_____	_____	_____
Verot Room	_____	_____	_____	_____	_____
Prince of Peace	_____	_____	_____	_____	_____
St. Benedict's	_____	_____	_____	_____	_____
St. Ben's Rectory	_____	_____	_____	_____	_____
Parish Center	_____	_____	_____	_____	_____
Bracken Room	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

IMPORTANT Please make sure that you receive a confirmation form. **Submission** of this request form is not a guarantee of a reservation until you receive a confirmation.

FOR OFFICE USE ONLY

Date Received: _____

Received by: _____

(Circle one)

(date)

Confirmation

emailed/mailed/faxed: _____