



ST. FRANCIS XAVIER MEETING & EVENT RESERVATION REQUEST

MINISTRY/ORGANIZATION

CONTACT NAME

CONTACT PHONE

CONTACT EMAIL

DATE OF MEETING/EVENT

TIME OF MEETING/EVENT

ROOM/AREA REQUESTED & EVENT/MEETING DESCRIPTION:

RETURN FORM TO THE PARISH OFFICE ATTN: CARA BLAKE

CARA.BLAKE@SFXMW.COM

PARISH OFFICE USE ONLY

DATE RECEIVED

APPROVED

YES/NO

RM/AREA ASSIGNED

NOTIFIED GROUP- STAFF INITIALS