



St. Maximilian Kolbe Catholic Community

10135 West Road
Houston, Texas 77064

281 955 7324
FAX 281 955 7328

ROOM RESERVATION FORM

Today's Date: _____

If your ministry/group/organization wishes to reserve space for a meeting or activity, please **complete the following information** and return it to the church office. We will give you a printout confirming the scheduled date and room assignment, if you ask for one.

1. You are responsible for making arrangements to pick up any necessary **keys** during office hours, **Mon-Fri between 9:00 a.m. – 4:30 p.m.**
2. You are responsible for your group's set-up such as tables, chairs, etc.
3. You are responsible to ensure that your group **thoroughly cleans the area** after your event, including the nursery should you use it.
4. You are responsible to **return any tables, chairs or A/V equipment - carts** to the place from where you may have moved them.
5. All leaders of ministries/groups/organizations that have regular contact with children and youth (Under the age of 18) that meet at St. Maximilian Kolbe facilities **must be VIRTUS trained.**
6. As of October 2015 – **NO LIT CANDLES ARE ALLOWED INSIDE ANY FACILITY** *except the Church*

MINISTRY/ACTIVITY/EVENT NAME: _____

DATE OF USE: _____

DATES/FREQUENCY: _____

COORDINATOR/CONTACT PERSON: _____

PHONE: _____ HOME _____ CELL _____

EMAIL: _____

ROOM(S) REQUESTED: _____

EXPECTED NUMBER OF PERSONS TO ATTEND: _____

SET-UP TIME: _____

ACTUAL EVENT TIME: _____

END TIME: _____

Does your meeting include having any **children or youth under the age of 18** on St. Maximilian's property? _____

Have you met all **VIRTUS** requirements for your volunteers? _____

REMARKS: _____

With this request, are you **rescheduling** a previously booked meeting(s)? _____