

# Room Reservation Request Form

Today's Date \_\_\_\_\_

Date of your event \_\_\_\_\_

If reoccurring event please specify the date pattern, and any exceptions. \_\_\_\_\_

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Room (1st Choice) \_\_\_\_\_

Room (2nd Choice) \_\_\_\_\_

Number of people expected \_\_\_\_\_

Event Name \_\_\_\_\_

Group Name if applicable \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone Number (Days) \_\_\_\_\_ (Evenings) \_\_\_\_\_

Contact E-mail address \_\_\_\_\_

Address to send confirmation \_\_\_\_\_

What time will you need the room open to get in to set up? \_\_\_\_\_

Who from your group will be responsible for clean-up? \_\_\_\_\_

What time will the room be available after you are done? \_\_\_\_\_

The applicant as signed below, and the applicant's organization, agrees to protect, indemnify, defend, save and hold harmless the Church of the Epiphany, the Archdiocese of St. Paul and Minneapolis and their officers and employees, from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of facilities. I affirm that the above statements are true and I further affirm that I have read and understand all policies and information.

Please note: You will be notified as to the confirmation of rooms requested above and any charges which may apply.

**By submitting this form you are only asking for a room reservation - it is not confirmed until you receive such notice.**

\_\_\_\_\_  
Signature of Applicant

Reservation # \_\_\_\_\_

Confirmation sent - \_\_\_\_\_

Feb-06