

Room Reservation Request Form

Today's Date _____

Date of your event _____

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

Event Start Time _____

Event 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? _____

How long do you need for clean up after your event ends? _____

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 - _____

3/5/2008