

Most Holy Name of Jesus

Catholic Church



Room Request Form

5800 15th Ave S, Gulfport, Florida 33707-3337

Phone: (727)347-9989 Fax: (727)343-6420

Website: mostholyname.org

Email: secretary@mostholyname.org

Date Submitted: _____

Name of Event: _____

Ministry/ Group: _____

Contact Person: _____

Phone: _____ Email: _____

Date of Event: _____

Time of Event (start & end): _____

* Events are limited to 11pm with take down until midnight. All buildings & Parking Lot must be vacated by midnight.

Setup Date: _____

Setup Time (start & end): _____

**** If there is a special setup, it must be submitted along with this form. ****

Building: Goodman Education Center Church Social Hall Maria Center

Parish Office ECC Parking Lot Outside Bus

Room: _____

Will there be a DJ/Band? yes no Arrival time: _____

Will there be food at this event? yes no

If you are renting the Maria Center will you be having a caterer? yes no Arrival time: _____

This event is: open to parishioners closed & only for group members.

For Office Use Only

Approved & Confirmed by: _____ On: _____

Recorded on Parish Calendar by: _____ On: _____

P.C. Computer P.C. Print Liturgical Computer Liturgical Print

CDL / SE / Fingerprints: _____

Ins Cert or Special : _____

Keys: _____

Setup: _____

Notes: _____