



ST. MARY OF THE IMMACULATE CONCEPTION
 219 BEAN AVENUE
 LOS GATOS, CA 95030

Please circle additional dates you are requesting below:

Space Request (Aug 2016–Jul 2017)

August 2016

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2016

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2016

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2016

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2016

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2017

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2017

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March 2017

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2017

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2017

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2017

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2017

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Information below must also be completed:

Event: _____

Name: _____ ph# _____

Return form to Parish Office



St. Mary of the Immaculate Conception
 219 Bean Avenue
 Los Gatos, CA 95030

SPACE REQUEST

Today's Date: _____ Activity Date*: _____

Parish Group/Organization: _____

Activity: _____

Time: From: _____ To: _____

Unless requested time for set-up and clean-up is 30 min.

Time needed for: Set-Up: _____ Clean-Up: _____

**See reverse side to for multiple dates and to provide additional activity information*

Space Requested: _____ **Approx # of people:** _____

Hofmann Center *(Mark whether you require room open or divided)*

Examples:

- ABCD AB CD A B C D
- Howley Hall Kitchen (Howley Hall)
- Staff Lounge Conference Room
- Church Cougar's Corner *(new bldg.)*
- Courtyard/Arbor area Annex
- other: _____

ABCD

A	C
B	D

A	C
B	D

Event Coordinator: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____

email: _____

St. Mary's Staff Person Responsible: _____

Response will be sent via email unless otherwise noted:

Request Accepted:

Please contact the Parish Office to arrange to pick-up the key(s). Facility use instructions are attached. Please review ahead of time and contact the parish office if you have any questions. If the space used is not left as per instructions, future use of our facilities may be reconsidered. Please contact the parish office (408.354.3726 x110) or email: llawson@stmaryslg.org immediately if you have to cancel or make any changes.

Additional forms required 10 days before event date: _____

Request Denied
 Reason: _____

returned to Event Coordinator: _____