



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

SPACE REQUEST

Today's Date: _____ Activity Date*: _____ or see multi-dates

Parish Group/Organization: _____

Activity: _____

Time: From: _____ To: _____

Time for set-up and clean-up is 30 min. unless requested: Set-Up (h/m): _____ Clean-Up (h/m): _____

**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/Gym Kitchen (Howley Hall)
- Staff Lounge Conference Room Blacktop
- Church TK (*limited access*)
- Courtyard/Arbor area Annex BBQ
- School Library 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: _____ **All School Activity/Events will be reviewed and approved by School Office first*

Approved by

