ROOM REQUESTED _____

ST. MONICA & ST. ROSALIE PARISH ORGANIZATION REGULARLY SCHEDULED MEETINGS 2026-2027

DATE_____

ORGANIZATION _____ GROUP _____ TROOP # _____

CONTACT PERSON _____ PHONE # _____

EMAIL _____

DESCRIPTION; MEETING, GAME, PRACTICE, EVENT DETAILS _____

_____

TIME REQUESTED: MEETING BEGINS _____ MEETING ENDS _____

ROOM REQUESTED:_____ SET-UP TIME _____ CLEAN-UP DONE _____

KEYS TO BE PICKED UP BY _____ PHONE # _____

DATES REQUESTED FOR MEETINGS (INCLUDE DAY & DATE)

JULY (BY SPECIAL REQUEST) _____

AUGUST (BY SPECIAL REQUEST) _____

SEPTEMBER _____

OCTOBER _____

NOVEMBER _____

DECEMBER _____

JANUARY _____

FEBRUARY _____

MARCH _____

APRIL _____

MAY _____

JUNE _____
(LIMITED AVAILABILITY)

OFFICE USE ONLY

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ENTERED IN CALENDAR: DATE_____ INITIALS _____

EMAILED: DATE_____ INITIALS _____