

# Scheduling St. Peter Parish Facilities

(Email request to Cheryle Koberna at [koberna@stpetermr.org](mailto:koberna@stpetermr.org)  
or complete this form and drop it off at the Parish Center.)

**Today's Date:** \_\_\_\_\_

**Name** (Submitting Request): \_\_\_\_\_

**Telephone #:** (\_\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**On behalf of:** \_\_\_\_\_  
(Name of St. Peter Organization requiring the facilities)

**# of Attendees:** \_\_\_\_\_ **Facility Desired:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Person Responsible at Event:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

<b>Preferred Dates:</b>	<b>Dates Requested:</b>	<b>Time Requested: (Include Set-Up &amp; Clean-Up)</b>	<b>Time to be Published on Calendar</b>
1 <sup>st</sup> Date:	_____	_____	_____
2 <sup>nd</sup> Date:	_____	_____	_____
3 <sup>rd</sup> Date:	_____	_____	_____
4 <sup>th</sup> Date:	_____	_____	_____
5 <sup>th</sup> Date:	_____	_____	_____
6 <sup>th</sup> Date:	_____	_____	_____
7 <sup>th</sup> Date:	_____	_____	_____
8 <sup>th</sup> Date:	_____	_____	_____
9 <sup>th</sup> Date:	_____	_____	_____
10 <sup>th</sup> Date:	_____	_____	_____

**ALTERNATE DATES (If the above are not available):**

\_\_\_\_\_

\_\_\_\_\_