



Mission Basilica San Juan Capistrano  
PASTORAL CENTER

# FACILITY USE REQUEST FORM

CONTACT PERSON: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
ALTERNATE PHONE: \_\_\_\_\_

GROUP/ORGANIZATION: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_ NUMBER OF PERSONS: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

PROPOSED DATE AND TIME OF EVENT: (List 3 possibilities)

1. Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.
2. Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.
3. Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

PROPOSED LOCATION OF EVENT ON PARISH/SCHOOL GROUNDS:

Church \_\_\_\_\_  
 Pastoral Center \_\_\_\_\_ Room \_\_\_\_\_  
 Gym \_\_\_\_\_  
 Courtyard \_\_\_\_\_  
 Parking Lot \_\_\_\_\_

**I have read and will conform to the guidelines for facility use. I will check in at the Pastoral Center for further assistance with room and restroom keys. I will return the keys after the event to the Pastoral Center. I will leave the premises clean and in the order which I found them.**

**Name (Print):** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*This form must be completed and submitted at least 30 days prior to the event. Return completed form to the San Juan Capistrano Mission Pastoral Center.*

# ROOM SET UP

Please complete the following diagram below indicating how you wish the tables and/or chairs and any other equipment to be set up. Indicate where the furniture/equipment is to be placed. *Whenever possible, please complete the set up and take down yourself.*

Please note, in the Pastoral Center only Room A is set up as a conference room. All other rooms in the Pastoral Center have round tables.

## DIAGRAM



**CHECK THE FOLLOWING  
ITEMS THAT ARE NEEDED  
AND SPECIFY THE QUANTITY:**

	CHAIRS
	EASELS
	MICROPHONES
	PODIUM
	SCREEN
	TABLES
	TELEVISION
	VCR/DVD
	OTHER:

**SPECIAL REQUESTS:**

