Our Lady of the Wayside Parish-434 W. Park St., Arlington Heights, IL 60005 - 847/253-5353 - FAX 847/253-9810

chrisotero@olwparish.org

Request to __USE__ OLW Facilities
Photocopy if needed, please!

Please fill in **all the information**. **Incomplete** forms will be **returned**.
Submit completed form, and direct questions, to **Chris Otero** at 847-253-5353 Ext. 228 or e-mail chrisotero@olwparish.org.
Please be sure to notify Chris if there are changes to your event plans (location, date, time, etc.)

1. Parish Organization Name:

_____

2. What Date/s do you require? One time: _____/_____/_____ **(Additional exact sporadic dates may be listed)**
Day of Week: _____ *IF APPLICABLE, LIQUOR LICENSE NEEDED?* YES or NO
OR Series Dates: From: _____/_____/_____   **To:** _____/_____/_____

3. What frequency?

_____
(One time only, 2nd Tues. of the month, every Sunday, etc.)

4. Description of event/s being scheduled:

_____

(e.g. Regular meeting, parish-wide event, car wash, dance, R.E. class, etc.)

5. Number of
Participants: _____
(Estimate)

6. What **facility/facilities** do you wish to use: Preferred: _____
(Please include **all** rooms/areas needed: e.g. Gym, Kitchen, Hallway, Rm109, parking lot, etc.)

2nd Choice: _____   3rd Choice: _____

Time Information:

7. What time will **actual event** take place? |
Event Begins: am/pm | **Event** Ends: am/pm

8. What time will **your group** use facility to decorate/prepare, and then to takedown/cleanup?
Self **Set up** will start: Date: _____   Time: _____ am/pm
Self **Clean up** will be completed by: Date: _____   Time: _____ am/pm

9. Will your group need OLW **Maintenance Crew Assistance** with setup or takedown of furniture or with cleanup? **Please indicate yes or no:** _____
If yes please provide the following time information:
Assisted **Setup** must be completed by: Date: _____   Time: _____ am/pm
Assisted **Cleanup/takedown** may begin: Date: _____   Time: _____ am/pm
Event Set Up/Take Down Assistance Request Form must be submitted with this Request to USE OLW Facilities form. Please notify Chris Otero on Ext. 259 at least 2 weeks prior to event if there are any changes to the original setup plan.

10. Facilities Scheduling Requested by: Phones: Day- _____

Your Name: _____   Evening- _____

Street: _____   Fax-   _____

City/Zip: _____   Cell-   _____

Email: _____   **11.** Name of Person Responsible for Event (if not you):

_____

Business Office use: Date recd: . . . . / . . . . /15-16   Date entered: . . . . / . . . . /15-16   Staff assisted set up/take down: Yes/No
All information provided? Yes/No   ___ Ack. L mailed/faxed/emailed   Set Up Form included? Yes/No
Follow up Required: No/Yes (Describe):   . . . . / . . . . /14-15

facreqfm.doc