

# Immaculate Conception Church Facilities Reservation Form

Event Name \_\_\_\_\_

Person/Ministry \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Email \_\_\_\_\_

Today's Date \_\_\_\_\_

Please return completed FRF to the mailbox of Claudia Sing, by fax (910) 791-0081, or email a scanned copy to [csing@iccwilm.org](mailto:csing@iccwilm.org). No additions, deletions, or changes will be accepted over the phone. Be sure to list ALL dates for which you would like to reserve a facility. Please do not, for example, simply write "Every Thursday." Incomplete forms will not be accepted.

(A) Add (D) Delete (EXAMPLE)	Day/Date of Reservation	Event Start Time	Event End Time	Setup Mins/ Cleanup Mins	Approx # of Participants	Special Needs Room Desired, Equipment, etc	Room Assigned (OFFICIAL USE ONLY)
A	Tues 10/12/04; 10/19; 10/26; 11/2; 11/9	11:00am "	1:00pm "	30/30 "	18 "	DIFFC 18; TV/VCR; Permission to advertise in Gathering Area weekend of 10/10	Please do not write in this space