

# St. Aloysius Meeting Space Reservation Sheet

| Room Requested<br>(Circle) | Date Requested | Set Up Time | Meeting Time<br>(Beginning - End) | Clean Up Time |
|----------------------------|----------------|-------------|-----------------------------------|---------------|
| Stapleton Hall - A         |                |             |                                   |               |
| Stapleton Hall - B         |                |             |                                   |               |
| Maple Street Room          |                |             |                                   |               |
| Other room:<br>(_____)     |                |             |                                   |               |

Will either kitchen be used? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Caterer \_\_\_\_\_

Person and/or Society reserving space: \_\_\_\_\_

Contact Information (Incl. Tel #): \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

**Below Please Provide Set Up Requested:**  
**Please describe how room should be set.**  
**Include Tables needed (Round and/or Rectangle)**  
**Number of Chairs needed at each table and or additional chairs**

Signature of person Responsible for room: \_\_\_\_\_

Maple Street Meeting Room just as it is - large table with chairs.

Date submitted \_\_\_\_\_ Requesting cancellation \_\_\_\_\_