

RESERVATION FORM FOR PARISH FUNCTIONS

ORGANIZATION	
TYPE OF FUNCTION:	
ROOM TO BE HELD IN:	
DATE OF FUNCTION:	
START TIME: (Incl. Set-Up)	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="text-align: right;">AM</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="text-align: right;">PM</div> </div>
END TIME: (Incl. Clean-Up)	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="text-align: right;">AM</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="text-align: right;">PM</div> </div>
NAME OF CONTACT PERSON:	
TELEPHONE NO. OF CONTACT PERSON:	