



Room Reservation Request for Lawyers Road & Fairview Campus Meeting Space

Date Submitted: _____

Ministry/Commission: _____

Ministry/Commission Point of Contact _____

Telephone: _____ Email: _____

Room(s) Requested: _____

Date(s) Requesting: _____

Times Requesting: _____

Repeating: Yes _____ No _____

Repeats every: Week for: _____ Weeks

Month for: _____ Months

Fee for Rental: Yes _____ No _____

Rental Fee Amount: _____

Rental Fee to be Paid by: _____

Rental Fee to be deducted from Ministry budget: _____

Approved by Fr. Paul Gary: _____

Submit this form to Mary Adams: maryadams@stlukecatholicminthill.org 704-545-1224 x10