

St. Mary of Czestochowa Church

Facility Request Form

Date: _____

Name of Person/Organization

Name & Telephone Number of Contact Person

Facility Requested:

_____ Church Meeting Room

Day and Date of Function _____

Type of Function _____

Special Instructions: _____

Time to Open: _____

Time to Close: _____

Custodial Services:

Cleaning \$25 per event

Custodial fee is payable in advance

Your request has been approved - Date _____

Rev. Leon S. Aniszczyk, Pastor