



PLEASE BRING THIS FORM TO PARISH OFFICE OR
SCAN/EMAIL TO reservations@judeatl.com

ROOM RESERVATION REQUEST

*(Please submit a separate **Work Order Request** 2 weeks prior to event/meeting.)*

Date Submitted _____

Contact Name _____ Phone _____

Contact Email _____

Ministry/Organization _____

Event Name/Reason _____

Event Start Time _____ End Time _____

Event Set Up Time _____

Requested Date(s) _____

(Provide all dates if recurring event)

Room(s) Requested _____

Additional Comments: _____
