



# St. Isidore Church

440 La Gonda Way  
Danville, CA 94526

Phone: (925) 837-2122  
FAX: (925) 362-1919

[www.st-isidore-danville.org](http://www.st-isidore-danville.org) email form to [office@st-isidore-danville.org](mailto:office@st-isidore-danville.org)

## ROOM RESERVATION FORM

GROUP/MINISTRY \_\_\_\_\_

POINT OF CONTACT **name** \_\_\_\_\_

**address** \_\_\_\_\_

**phone no.** \_\_\_\_\_

EMAIL ADDRESS **Email** \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ NO. OF ATTENDEES: \_\_\_\_\_

EVENT TIME \_\_\_\_\_  Would you like this event posted on our Online Calendar ?

**Start/End** From: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm

**TOTAL HOURS** \_\_\_\_\_

**Prep to Cleanup:** From: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm

- ROOM REQUESTED**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> CHURCH             | <input type="checkbox"/> KINDERGARTEN 1        | <input type="checkbox"/> ROOM 221           |
| <input type="checkbox"/> CHURCH - N. ENTRY  | <input type="checkbox"/> KINDERGARTEN 2        | <input type="checkbox"/> ROOM 222           |
| <input type="checkbox"/> CHURCH - S. ENTRY  | <input type="checkbox"/> LIBRARY (CHURCH)      | <input type="checkbox"/> SACRED HEART       |
| <input type="checkbox"/> CHURCH - VESTIBULE | <input type="checkbox"/> LIBRARY (SCHOOL)      | <input type="checkbox"/> SCHOOL GYM         |
| <input type="checkbox"/> CLASSROOM # _____  | <input type="checkbox"/> Msgr. CARDELLI - East | <input type="checkbox"/> SCHOOL KITCHEN     |
| <input type="checkbox"/> CLASSROOM # _____  | <input type="checkbox"/> Msgr. CARDELLI - West | <input type="checkbox"/> SCIENCE ROOM       |
| <input type="checkbox"/> CONFERENCE RM      | <input type="checkbox"/> OUR LADY OF GRACE     | <input type="checkbox"/> SI ROOM LG KITCHEN |
| <input type="checkbox"/> CONVENT            | <input type="checkbox"/> ROOM 214 (CHAPEL)     | <input type="checkbox"/> ST. ISIDORE ROOM   |
| <input type="checkbox"/> ENRICHMENT ROOM    | <input type="checkbox"/> ROOM 215              | <input type="checkbox"/> STAGE              |
| <input type="checkbox"/> FIELD              | <input type="checkbox"/> ROOM 217 (Lounge)     | <input type="checkbox"/> YOUTH CENTER       |
| <input type="checkbox"/> KID KONNECTION     | <input type="checkbox"/> ROOM 220 (MUSIC)      | <input type="checkbox"/> OTHER _____        |
| <input type="checkbox"/> OTHER _____        |  |   |

- REQUESTING TABLES & CHAIRS, MISC.**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 12' FOLDING TABLE<br>NO. ____ OF 10               | <input type="checkbox"/> 5' ROUND TABLE<br>NO. ____ OF 17 | <input type="checkbox"/> 6' RECT. TABLE<br>NO. ____ OF 10  |
| <input type="checkbox"/> 6' ROUND TABLE<br>NO. ____ OF 40                  | <input type="checkbox"/> CARD TABLE<br>NO. ____ OF 6      | <input type="checkbox"/> FOLDING CHAIRS<br>NO. ____ OF 500 |
| <input type="checkbox"/> MICROPHONES<br>NO. ____ OF 2                      | <input type="checkbox"/> OVERHEAD PROJECTOR               | <input type="checkbox"/> PORTABLE WHITE BOARD              |
| <input type="checkbox"/> STACKING CHAIRS<br>NO. ____ OF 136                | <input type="checkbox"/> WIRELESS MIC<br>NO. ____ OF 3    | <input type="checkbox"/> OTHER _____                       |
| <input type="checkbox"/> DIAGRAM OF LAYOUT ATTACHED/BACK SIDE OF THIS FORM |   |  |

Date Submitted: \_\_\_\_\_ By: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reservation Confirmed In person Date \_\_\_\_\_ Confirmed by Email Date \_\_\_\_\_

Conflict with another Reservation, Point of Contact Notified, Date \_\_\_\_\_

Reservation Canceled by \_\_\_\_\_, Date \_\_\_\_\_