



St. Isidore Church

440 La Gonda Way
Danville, CA 94526

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

www.st-isidore-danville.org email form to 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
Start/End From: _____ am / pm To: _____ am / pm Would you like this event posted on our Online Calendar ?

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

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

Date Submitted: _____

By: _____
SIGNATURE

PRINT NAME

FOR OFFICE USE ONLY

- Reservation Confirmed, Date _____
- Conflict with another Reservation, Point of Contact Notified, Date _____
- Reservation Canceled by _____, Date _____