

ST. JOSEPH CATHOLIC CHURCH AND SCHOOL  
745 EZZARD CHARLES DRIVE  
CINCINNATI, OHIO 45203  
513-381-4526 Fax: 513-381-5244

EVENT SHEET

Date: \_\_\_\_\_

**LOCATION:**

Church                       Rectory Office                       Rectory Conference Room  
 St. Ann Chapel                       Fellowship Room                       Father River's Hall (FRH)  
 Class Room/FRH (#     )                       Parking Lot                       Convent Office Space  
 West End Emergency Center/Conference Room                       Other \_\_\_\_\_

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SJCC Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to St. Joseph Catholic Church/School: \_\_\_\_\_

Type of Event (Please describe in detail): \_\_\_\_\_

Set up Information (Please list time, tables, chairs, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_  
(Day, Month, Date, Year)

Fees: Hall \$350.00     Insurance \$125.00     Clean-up Fee \$75.00     Total Charge: \$ \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

Key Pick-up and return instructions: \_\_\_\_\_

Pastor: \_\_\_\_\_

Please Note: Completing the "Event Sheet" is Not an Approval

APPROVED:  Yes      No     Date: \_\_\_\_\_

Once your request has been approved, you will be notified. Thank You