

Room Use Reservation

2499 N. Helen Street, North St. Paul, MN 55109 Ph: 651-777-7451 Email: stmarks@stmarks-nsp.org

| Committee/Organization: | | |
|---|---|------------------|
| Event Name: | | _ |
| Contact Person: | Contact Phone Number: | |
| Contact Address: | | |
| Contact Email: | | |
| Date(s): | | |
| Set-up Time/Date (if different): | | |
| Event Time: | | |
| Number attending: | Insurance Carrier: Non-church groups only | |
| Rooms (Check room(s) requested) | | |
| Fireside Room Rees Hall | Rees Hall Kitchen | |
| Chapel Fellowship Hall | Fellowship Hall Kitchen | |
| Library Parking Lot | Fellowship Hall Classroom | |
| Rees Hall Classroom – Large (102/103, 2 | 202, 203/204, 205/206, 207) | |
| Rees Hall Classroom – Small (102, 103, 2 | 203, 204, 205, 206) | |
| Sanctuary Narthex | | |
| Youth Room Lower Level Classr | room Other (requires approval) | |
| Resources (additional charge may app Please include a diagram of the set-up needs | | |
| # Banquet Tables # | Round Tables Dodium | |
| ☐ TV/VCR* ☐ TV/ | /DVD* | |
| Screen Mid | crophone | |
| Extension Cord Pia | no | |
| Custodian (\$10/hr.) | | (* ministry only |
| Coffee Maker/Filters (must bring your o | wn coffee and supplies) | |
| Other (please describe) | | |
| | | |
| Signature of Organization Representative | Date | |