

Queen of Angels Calendar 2018-2019

Plan ahead! We want you to organize your calendar for 2018-2019. Please follow the instructions and submit your FACILITY FORMS by Monday, June 18 2018.

1. Use the FACILITY FORM for:
 - a. Activities, Events, & Meetings.
 - b. Indicate the name of your EVENT
 - c. Behind the FACILITY FORM, please indicate the number of people you expect (For event, activities or meeting), tables and chairs you need, and supplies and equipment you need,
2. Fill out the entire FACILITY FORM. This is for our records.
3. Sign your name on the APPLICANT section, with date.
4. Make a copy of your FACILITY FORM.
5. Once you filled out your FACILITY FORM, make an appointment with Carlos Apestegui (The Facility Manager) to arrange the set up of the room

PLEASE REMEMBER THE FOLLOWING:

1. Do not assume that speaking with the Pastor or Pastoral Associate about the facility, date, and time are confirmation of your request for space. You must submit the FACILITY FORM
2. Do not Give the Pastor or Pastoral Associate the FACILITY FORM during Sunday Mass, or at any other time, unless you made an appointment. Please submit the FACILITY FORM to the Rectory Office.
3. Do not Submit the FACILITY FORM without making a copy for your records.
4. Do not assume you have a FACILITY for any meetings. Any meetings for planning, preparation for activities, or events must be submitted on a FACILITY FORM.

Submit your FACILITY FORM by Monday June 18th, 2018

Calendario de Actividades para 2018-2019 de Reina de los Ángeles

Planifique con anticipación! Queremos que usted organice su calendario de actividades para el 2018-2019. Por favor, siga las instrucciones y presenten sus planilla de SOLICITUD para el Lunes, 18 de Junio 2018.

1. Utilice la planilla de SOLICITUD para:
 - a. Sus actividades, eventos, y reuniones.
 - b. Indique el nombre de su evento
 - c. Detrás de la PLANILLA , por favor indique el número de personas que se pueden esperar (para eventos, actividades o reuniones), mesas y sillas que necesita, y suministros y el equipo que usted necesita,
2. Llene LA PLANILLA. Esto es para nuestros registros.
3. Firme su nombre en la sección SOLICITANTE, con la fecha.
4. Haga una copia de su PLANILLA DE SOLICITUD.
5. Una vez LA PLANILLA ESTE COMPLETA, haga una cita con Carlos Apestegui(Encargado de las Instalaciones) para coordinar la preparación del lugar reservado.

POR FAVOR:

1. No hacer pedido personal al Pastor o Pastor Asociado- La Solicitud con la fecha y hora se confirmará después que su planilla sea recibida
2. No pregunte al Pastor o Pastor Asociado por información sobre las solicitudes durante la Misa del Domingo, o en cualquier momento, a menos que haya hecho una cita. Por favor envíe su planilla de reservación a la Oficina de la Rectoría.
3. No envíe su planilla de reservación sin haber hecho una copia para sus archivos.
4. No Suponga que tiene una reservación para las reuniones. Las reuniones para la planificación, la preparación de las actividades o eventos deben ser presentadas en una planilla debidamente completada.

De presentar su Planilla para Reservación de Espacio para sus actividades del 2018-2019 para el Lunes 18 de Junio 2018

Queen of Angels Church

44-04 Skillman Ave
Sunnyside, NY 11104
Office 718.392.0011 Fax 718.472.2625
Website: QueenOfAngelsNYC.org
Email: FM@queenofangelsnyc.org

<input type="checkbox"/> Space is Available
<input type="checkbox"/> Space is not Available

FOR OFFICE USE ONLY

Facility Request Form

Please fill out this form with your request for use of facilities during the coming year.
It is important that you fill out this information exactly.

DATE _____ EVENT NAME (optional) _____

ORGANIZATION _____

CONTACT PERSON _____

ADDRESS _____

CITY/STATE _____ ZIP/POSTAL CODE _____

PHONE _____

EMAIL _____

What Facility do you wish to use? _____
Second Choice? _____

Number of People Attending?
(See Space & Capacity on 2nd Page)

What dates do you require? From: _____ To: _____

Preparation Time for Event: Beginning: _____ (am/pm) Ending: _____ (am/pm)

What time does your event begin? Beginning: _____ (am /pm) Ending: _____ (am / pm)

What Frequency? (Please check one) Single Event Daily Weekly Bi-Weekly Monthly

Special Needs: (Please check one & list items needed in the reverse side of this sheet)

Audio/Video Event Announcement Custodial Services
(See additional form) (Charges may be assessed)

Applicant _____ Date _____

Facility Manager _____ Date _____

Pastor _____ Date _____

