



## FUNERAL RECEPTION REQUEST

(Please Print)

Please complete all forms and return to [communications@sdccatholic.org](mailto:communications@sdccatholic.org). When your request is approved, you will receive a confirmation email. For any questions, please contact the Parish Office, (949) 951-8599.

ACTIVITY INFORMATION			
Last Name:	First Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Today's Date:
Primary Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cellphone	E-mail Address:	
<b>Please allow 30 mins. for set-up and 30 mins. for clean-up</b> <i>Please respect the time frame in order to accommodate those scheduled before or after your event.</i>			
Event Date Requesting:	Event Start Time:	Event End Time:	
	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Ministry Name:	Name of Activity:	Number Attending:	
<b>Bereavement Ministry</b>	<b>Funeral Reception</b>		
Bereavement Ministry Contact:	Email:	Phone Number:	
<i>If you will not be present to supervise this activity, list the person who will be responsible on the day of the event:</i>			
Name:	Email Address:	Phone Number:	
		<input type="checkbox"/> Home <input type="checkbox"/> Cellphone	

ROOM(S) REQUEST		
<i>(Please complete and return to finalize booking)</i>		
Room(s) Requested:	ROOMS ASSIGNED (OFFICE USE ONLY):	
<input type="checkbox"/> Kitchen <input type="checkbox"/> Reception 50-60 guests (8 per table) <input type="checkbox"/> Reception 100-150 guests (8 per table)	<input type="checkbox"/> Reception 50-60 guests : _____ Tables & Table Cloths: _____ Chairs: _____ <input type="checkbox"/> Reception 100-150 guests : _____ Tables & Table Cloths: _____ Chairs: _____	
Special Requests :	FUNERAL RECEPTION CHARGES:	
<input type="checkbox"/> Port Screen <input type="checkbox"/> TV on Cart <input type="checkbox"/> Microphone <input type="checkbox"/> Podium	<input type="checkbox"/> Projector <input type="checkbox"/> Small Table <input type="checkbox"/> Small Speakers <input type="checkbox"/> Power Cord	<input type="checkbox"/> \$200 Donation <input type="checkbox"/> \$200 *bond * Reimbursable if facilities regulations are met

Signature	Date
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