

**St. Thomas the Apostle Catholic Church**  
**Request to Use St. Thomas the Apostle Church**

Today's Date: \_\_\_\_\_

Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Time Event Begins: \_\_\_\_\_

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

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_