

FACILITY CHANGE OR CANCEL REQUEST

Saint John Vianney Parish
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Organization's Contact Information:

Please fill out completely, this helps us keep your organization's contact information up to date for mailings and office contact.

Date Submitted: _____ Contact Person(s): _____
Address: _____ City: _____ Zip: _____
Phones: home: _____ work: _____ cell: _____
E-mail Address: _____

NAME OF ORGANIZATION

EVENT NAME TO CHANGE OR CANCEL

ORIGINAL DATE / TIME OF EVENT

ORIGINAL FACILITY REQUESTED: (WRITE EACH THAT YOU REQUESTED)

PLEASE CIRCLE ONE:

- I AM MOVING THIS EVENT TO ANOTHER DATE
- I AM EXTENDING OR CHANGING THE TIME OF THIS EVENT
- I AM CHANGING THE FACILITY OF THIS EVENT.
- I WOULD LIKE TO CANCEL THIS EVENT

NEW DATE

NEW TIME

NEW FACILITY

Signature of Group Contact Person

Date

Request Approved: _____ Date: _____