St. Thomas More Mission

Reservation Form

Initiated Date: _____ By:_____

Office Approval: _____

Date:_____

Contact us:

St. Thomas More Mission
2825 W. 81st St
Chicago, IL 60652-2722

Tel: (773) 436-4444
Fax: (773) 778-9087
Email: sttmm@archchicago.org

General Information

Requester Name:	
Organization/ Department:	
Email Address:	
Primary Phone:	
Secondary Phone:	
Alternate Contact:	
Alternate Contact Email:	
Alternate Contact Phone:	

REQUESTED SPACE(S)

Church	
Donlan Hall	
Quigley Room	
Conference Room	
Mission Center (Main Level)	
Mission Center (2nd Level)	
Mission Office Residences	

St. Thomas More Mission Church is exclusively used for sacramental celebrations.

*The Church may **NOT** be used for anything other than Baptisms, Weddings, Funerals, or other Catholic worship services and sacramental events.*

Initial Event Details

Event Name:	
Event Date(s):	
Start Time:	End Time:
Setup Time Required:	Tear-down/Cleanup Time Required:
Expected Total Attendance:	

Detailed Event Information

Please use the space below to describe in greater detail your event.

Include any necessary adjustments or additions St. Thomas More Mission must make in order to fully accommodate you, aside from the aforementioned amenities offered.

Please be sure to review all information before submitting your form.

St. Thomas More Mission
INVOICE

GENERAL INFORMATION	
MISSION INFORMATION **Payment can be made out to:** St. Thomas More Mission St. Thomas More Mission 2825 W 81st St. Chicago, IL 60652-2722 (773) 436-4444 sttmm@archchicago.org Please sign and return this invoice with payment to the above address.	**BILLING INFORMATION** Name/Organization: Address: Phone Number: Email Address:

INVOICE DETAILS	
Description:	
Extra Detail:	
Total:	

PAYMENT METHOD	LATE FEE	PAYMENT DUE:
☐ Cash ☐ Check		

I hereby sign this document guaranteeing enclosed payment for the listed total amount above in the form of cash or check made out to St. Thomas More Mission.

Name/Organization:
Signature:
Date: