

**Request to Host Reunion Onsite  
at John W. Hallahan Catholic Girls' High School**

**Reunion for Class of:** \_\_\_\_\_

**Event Date Requested:**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

**Event Time Requested:**

Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

**Reunion Committee Contact Information:**

Chairperson:

Name: \_\_\_\_\_

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

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

Secondary Contact:

Name: \_\_\_\_\_

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

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

**Requesting Class Information List?**                      Yes      No

\*if yes, please complete & return the Reunion Release Form for Informaiton.

**Will alcohol (beer & wine only) be served?**                      Yes      No

\*if yes, vendor must have an offsite permit to distribute alcohol and liability certificate. See policy.

**Will the kitchen facilities be needed?**                      Yes      No

\*if yes, there is a fee associated to cover the cost of an Aramark representative to be present.

**Will tables & chairs be requested?**                      Tables      Chairs      Neither

\*there are only approx 20 long tables and 100 chairs available for use. If more is needed, the committee must rent or have caterer provide.

**Is the committee requesting the school store be open?**      Yes      No

\*if yes, request approval will be based on staff availability

Once this request is submitted you will be contacted by Hallahan's Alumnae Relations Manager to confirm dates, times, and facility requests.

\_\_\_\_\_  
Signature / Committee Chair or Representative

\_\_\_\_\_  
Date