

FACILITY USE REQUEST

ORGANIZATION NAME: _____

TODAY'S DATE: _____

PURPOSE OF EVENT: _____
(Bible Study, Choir Practice, Luncheon, Guest Speaker, etc.)

PRIMARY CONTACT PERSON: _____

WORK PHONE # _____ HOME PHONE # _____

EMAIL ADDRESS: _____

BACKUP PERSON: _____

WORK PHONE # _____ HOME PHONE # _____

DATES & TIMES REQUESTED:

ONE TIME EVENT: DATE: _____

SETUP TIME BEGINS: _____ AM / PM TIME EVENT STARTS: _____ AM / PM

TIME EVENT ENDS: _____ AM / PM CLEAN UP TIME ENDS: _____ AM / PM

REPEATING EVENT*: START DATE: _____ END DATE: _____

FREQUENCY: _____ EXCEPTIONS: _____
(DAILY, EVERY MONDAY, SECOND TUESDAY, ETC) (HOLIDAYS, SPRING BREAK, ETC)

SETUP TIME BEGINS: _____ AM / PM TIME EVENT STARTS: _____ AM / PM

TIME EVENT ENDS: _____ AM / PM CLEAN UP TIME ENDS: _____ AM / PM

**Reoccurring events are only scheduled on a three month basis. Due to limited facilities, groups w/ re-occurring meetings should understand that it could be possible to have their meeting moved due to a one time event. Please refer to usage policy on the attached sheet.*

1ST CHOICE FACILITY REQUESTED: _____

IF UNAVAILABLE, 2ND CHOICE FACILITY REQUESTED: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS SO WE CAN PLACE YOUR GROUP IN THE APPROPRIATE FACILITY:

OF PEOPLE EXPECTED: _____ FOOD: (yes/no) _____ KITCHEN: (yes/no) _____

OF TABLES: _____ # OF CHAIRS: _____ MUSIC PLAYED (yes/no) _____

FURTHER INFORMATION:

- NOTE: NOTIFY PARISH OFFICE OF ANY CHANGES OR CANCELLATIONS IN ORDER TO INSURE BOTH THE PROPER USE OF FACILITIES AS WELL AS SECURITY—PARTICULARLY WHEN AN ELECTRONIC DOOR IS INVOLVED. (636-4020 x46)
- NOTE: A PARISHIONER IS DEFINED AS A PERSON/FAMILY THAT IS REGISTERED WITH THE PARISH OFFICE AND IS AN ACTIVE PARTICIPANT