

PART I

Name of Group/Event:							
Dates of Event:							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Event is:	<input type="checkbox"/> One-time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____						
ACTUAL Time of Event:	FROM ____:____ AM PM			UNTIL ____:____ AM PM			

Please schedule setup/cleanup times in Part III below. Include all times during which room(s) will be unavailable to others.

PART II

<p>Parish Center</p> <input type="checkbox"/> PC - Fellowship Hall <input type="checkbox"/> PC - West Fellowship Hall <input type="checkbox"/> PC - 301 (Green Room) <input type="checkbox"/> PC - 302 <input type="checkbox"/> PC - 303 <input type="checkbox"/> PC - 304 (with sink) <input type="checkbox"/> PC - Kitchen	<p>Church</p> <input type="checkbox"/> Church <input type="checkbox"/> Church Conference Rm <input type="checkbox"/> Church Grounds <input type="checkbox"/> Outdoor Classroom <input type="checkbox"/> Other _____	<p>Parish Hall</p> <input type="checkbox"/> PH - Parish Hall <input type="checkbox"/> PH - Rosary Room <input type="checkbox"/> PH - Conference Room <input type="checkbox"/> PH - Middle Room <input type="checkbox"/> PH - Kitchen
<p>School</p> <input type="checkbox"/> School Classrooms # _____ <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Conference Room	<p>Fields</p> <input type="checkbox"/> Front of Gym <input type="checkbox"/> Rectory Field <input type="checkbox"/> Big Field <input type="checkbox"/> Other _____	<p>Calendar/non-facility:</p> <input type="checkbox"/> Reminder only <input type="checkbox"/> Fundraiser <input type="checkbox"/> Off-site event - Location: _____ <input type="checkbox"/> Request Bus to be scheduled
<p>AVAILABILITY OF FACILITIES VERIFIED? _____ (office use only)</p>		

PART III

Responsible Party	<i>(Must pick up Facility Use information from church office)</i>		
Contact Numbers:	Preferred number:	Secondary number:	
	Text? If so, give #	Email:	
Number of Attendees:	(estimate)		
Will food be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will alcohol be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Request Form is required.) <input type="checkbox"/> TABC Licensed Bartender		
SETUP	DATE _____	FROM ____:____ AM PM	UNTIL ____:____ AM PM
CLEANUP	DATE _____	FROM ____:____ AM PM	UNTIL ____:____ AM PM

PART IV

<i>For Office/Staff Use Only</i>	Date Form Received:	Facility use fee _____
NOTES:		Cleanup deposit \$100 _____
		Hiring custodian _____
		Other _____
CALENDARS TO POST:	<input type="checkbox"/> Master <input type="checkbox"/> School <input type="checkbox"/> Parish <input type="checkbox"/> Teacher _____	
	<input type="checkbox"/> Fr. Mark <input type="checkbox"/> Susan <input type="checkbox"/> Deacon Blue <input type="checkbox"/> Amy <input type="checkbox"/> Lea <input type="checkbox"/> Other _____	
APPROVAL: <input type="checkbox"/> Yes <input type="checkbox"/> No	BY:	DATE: