

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 align="center">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 align="center">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 align="center">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 align="center">School</p> <input type="checkbox"/> School Classrooms # _____ <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Conference Room	<p align="center">Fields</p> <input type="checkbox"/> Front of Gym <input type="checkbox"/> Rectory Field <input type="checkbox"/> Big Field <input type="checkbox"/> Other _____	<p align="center">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? _____ <i>(office use only)</i></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:	
NOTES:	Facility use fee _____	
	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. Dower <input type="checkbox"/> Melissa <input type="checkbox"/> Evangelization <input type="checkbox"/> Principal <input type="checkbox"/> Lea <input type="checkbox"/> Other _____	
APPROVAL:	<input type="checkbox"/> Yes <input type="checkbox"/> No BY: _____	DATE: _____