

ST. VINCENT DE PAUL CHURCH

6441 Seneca Street  
P.O. Box 290  
Springbrook, NY 14140  
(716) 652-3972

FACILITIES FORM

Please complete this form to submit a proposal for facility usage at St. Vincent de Paul. Place this form in the collection basket or drop it off at the Rectory during business hours. Facility requests will be reviewed by our Pastor.

Date: \_\_\_\_\_

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

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

Event or Organization: \_\_\_\_\_

Description of Event or Organization:  
\_\_\_\_\_  
\_\_\_\_\_

Who would be leading this event or organization?  
\_\_\_\_\_

Is the event or organization part of St. Vincent de Paul Church?                      YES                      NO

If No, can you provide a Certificate of Liability Insurance for general liability coverage of \$1,000,000 naming St. Vincent de Paul and the Diocese of Buffalo as additional insureds?                      YES                      NO

Who is this event or organization open to? (Please complete all that apply)

\_\_\_\_\_ Adults                      \_\_\_\_\_ Children under 18 years of age (Must be VIRTUS Certified.)

\_\_\_\_\_ Males                      \_\_\_\_\_ Females                      \_\_\_\_\_ Mixed

Is this an event or organization that meets regularly?                      YES                      NO

Proposed Dates and Times to meet: \_\_\_\_\_

What kind of meeting space would you need: \_\_\_\_\_  
\_\_\_\_\_



Date Received: \_\_\_\_\_

Pastor Review: \_\_\_\_\_

Review Justification: \_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_