

# ST. JOSEPH PARISH CENTER RESERVATION FORM (PARISH GROUPS)

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The following information is required prior to the reservation being accepted:

Date of function: \_\_\_\_\_

Type of function: \_\_\_\_\_

Time of function: From \_\_\_\_\_ To \_\_\_\_\_

Estimated # of attendees: \_\_\_\_\_

## **Space Requested**

Gym \_\_\_\_\_ Stage \_\_\_\_\_ Sound System \_\_\_\_\_ Kitchen \_\_\_\_\_

O'Donnell Room \_\_\_\_\_ Small Meeting Room \_\_\_\_\_

Large Meeting Room \_\_\_\_\_ Youth Room \_\_\_\_\_

McLaughlin Hall: Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

Sporting events/field usage \_\_\_\_\_ *\*\*Please attach an explanation of the event.*

Set up requested:

Tables: Yes \_\_\_\_\_ No \_\_\_\_\_ Chairs: Yes \_\_\_\_\_ No \_\_\_\_\_

*\*\*Please provide detailed diagram.*

## **Responsible Party**

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

Address: \_\_\_\_\_

Contact phone number: Daytime \_\_\_\_\_ Cell \_\_\_\_\_

Contact email address: \_\_\_\_\_

Signature: \_\_\_\_\_

### **For office use only**

\_\_\_\_\_  
Director of Maintenance

\_\_\_\_\_  
Date

Pastor/Administrator approval: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Pastor/Administrator

\_\_\_\_\_  
Date

### **Conditions of Facility Usage**

1. Pastor's/Administrator's written approval prior to confirmation of reservation.
2. No reservation commitment is given or transferred until such approval is granted.
3. User is fully responsible for:
  - a. All trash removed and area fully cleaned after being used. Instructions will be provided.
  - b. Any set-up instructions (tables, chairs, etc.) are to be provided a minimum of one week in advance.

### **Building Security**

The user will be given a 24-hour, one-time door and alarm code\*. Directions will be provided prior to use.

\*Any fees or costs related to the malfunction of or false alarm will be the responsibility of the user.