

St. John the Baptist Parish
Facility and Equipment Usage Form

Date of Use _____

Continuous Use - describe _____

Time of Use ___:___ am/pm to ___:___ am/pm # of people attending _____

Facility User _____ Phone # ____ - ____ - ____

Email _____ Receive text ___ Yes ___ No

___ Gym/Hall ___ Room ___ Other Equipment _____

___ Kitchen ___ Tables (_____) ___ Chairs (_____) (number needed)

NO HELIUM BALLONS ALLOWED IN GYM
ALCOHOL CONSUMPTION IS PROHIBITED

Before leaving building the following must be completed –

- Check restrooms for cleanliness. Make sure all toilets are flushed and taps are off. Turn off lights.
- All tables/chairs used should be wiped off and reset to original configuration. Clean floors when possible.
- If kitchen is used – all kitchen items must be cleaned and put away. Wipe off counter tops. Make sure all stove burners are off and all electrical appliances are unplugged.
- Turn off all lights. (except exit lights)

I (User) have read the above conditions. I will accept responsibility for following the clean-up procedures as listed. If these conditions are not met I agree to pay a clean-up fee of \$50.00. I agree to reimburse parish for any damage to facility/equipment or for items missing from kitchen.

Facility User Signature _____
(Must be official agent of Facility User)

Print Name _____

Date _____