

**PARISH/SCHOOL FACILITY RESERVATION REQUEST**  
**(For Use by Affiliated and Unaffiliated Organizations/Individuals)**

Parish/School facility use requests shall be to the Parish/School by submitting the completed form to **Administrative Assistant** at **St. John Neumann Catholic Church**. The event will be reserved and placed on the church calendar only when the Pastor or his official designee approves the proposed use and user(s) of the facilities.

Name of person or organization requesting use of facilities: \_\_\_\_\_  
\_\_\_\_\_

Please state whether you are a:

- ☐ Parish Member      ☐ Parish/School-Sponsored Ministry      ☐ Non-Member Individual  
☐ Non-Parish/School-Sponsored Organization

Contact Information:

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

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

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

If the requested use is by an organization not affiliated with the Parish/School, please briefly state the organization's purpose and mission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the organization's website, if any: \_\_\_\_\_

Please list the names of the organization's office-holders and leaders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regardless of type of user, please describe which Parish/School facilities you are requesting use of and the purpose for which you intend to use the facilities: \_\_\_\_\_  
\_\_\_\_\_

**If you are requesting use of the Parish/School's facilities for a wedding and/or wedding reception, please list the names and contact information of the bride and groom:**

BRIDE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GROOM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the name; contact information, and religious affiliation of the person officiating the wedding:

\_\_\_\_\_  
\_\_\_\_\_

Please describe the marriage preparation counseling or training undertaken by the Bride and Groom:

\_\_\_\_\_  
\_\_\_\_\_

**I affirm that:**

1. I understand that the Parish/School does not allow its facilities to be used in a way that contradicts its faith or by persons or groups holding beliefs that contradict the faith and morals of the Roman Catholic Church.
2. To the best of my knowledge, the purpose for which I am requesting use of the Parish/School facilities will not contradict the faith or morals of the Roman Catholic Church, and I commit to promptly disclose any potential conflict of which I am aware or become aware to Parish/School staff.
3. I am not aware of any beliefs that are professed by me or the organization I represent that is requesting use of the Parish/School's facilities that contradict the beliefs of the Roman Catholic Church. I agree to promptly disclose any potential conflicts in belief to church staff.
4. I understand that the Parish/School does not allow its facilities to be generally available to the public, and that my requested use of these facilities is subject to the Pastor's approval (or the approval of the Principal of a non-Parish/School), which is conditioned in part on my agreement to the requirements in the "Parish/School Facility Usage and Indemnity Agreement" and the "Parish/School Facilities Usage Policy," copies of which I have read and understood, and any other rules established by the Parish/School governing such usage.
5. I understand that I will be responsible for any damages to the Parish/School's facilities resulting from this proposed use of facilities.
6. I understand that, until a Parish/School Facility Usage and Indemnity Agreement has been signed and submitted by me and approved and signed by the Parish/School, there is no obligation of the Parish/School to enter into an agreement with me for the usage of Parish/School facilities.

PERSON OR ORGANIZATION REQUESTING USE OF FACILITY:

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name and Title (if applicable)

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

**Add your event details on the next page to reserve the facility(ies).**

**OFFICE USE ONLY:**

If denied, the reason is \_\_\_\_\_.

<u>Approval:</u>	Date: _____	Initial: _____	Priest
	Date: _____	Initial: _____	Business Manager
	Date: _____	Initial: _____	School Principal

Date received: \_\_\_\_\_ Date entered: \_\_\_\_\_ Date notified: \_\_\_\_\_ Via: \_\_\_\_\_

SJN Rev. 2019 05 20

