Diocese of Sioux Falls
Application for Use of Church-owned Facility

REQUESTING ENTITY

Organization/Group/Individual Requesting: _____

Printed Name of Responsible Individual: _____

FACILITY REQUESTED

Facility Requested: _____

Date(s) Requested: _____

Time(s) Requested From _____ To _____

PURPOSE OF RENTAL/USE

Detailed summary of activity(ies) to be held in Church-owned facility: _____

_____

_____

If a wedding reception, please provide the name, address, and phone number for:

the bride _____

the groom: _____

If a concert or musical performance, please provide in an attached document a list of sample songs that might be played.

FACILITY USE POLICY

Do you understand that insurance coverage for the proposed event would be the responsibility of the requesting group? (circle one)

YES NO

During the course of the activity, will statements on morality or social positions which conflict with Church teaching be made or advocated? (circle one)

YES NO

During the course of the activity, will the gathering promote a political candidate or ballot issue over another? (circle one)

YES NO

If access to the facility were to be granted, do you agree to comply with the Diocesan policy for facility use (included)? (circle one)

YES NO

Signature of Authorized Individual: _____

Date: _____