

ST. JOHN THE BAPTIST CATHOLIC CHURCH FACILITY USE REQUEST FORM

Event request form should be submitted no less than two (2) weeks prior to date requested for approval by business manager

ABSOLUTELY NO FOOD / BEVERAGE PERMITTED IN MEETING ROOMS OR LIBRARY (FAILURE TO ABIDE WILL RESULT IN LOSS OF ROOM PRIVILEGES)

Group Name \_\_\_\_\_ Date of Event \_\_\_\_\_

Room Requested \_\_\_\_\_ Time required \_\_\_\_\_

Type of Activity \_\_\_\_\_ # Attending \_\_\_\_\_

MCC Special Events Insurance Required: Yes \_\_\_\_\_ (completed form attached) No \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Single Event \_\_\_\_\_ Weekly Event \_\_\_\_\_ Monthly \_\_\_\_\_

Set up Needed (parish sponsored events only): Yes \_\_\_\_\_ No \_\_\_\_\_

# of Tables \_\_\_\_\_ # of Chairs \_\_\_\_\_ Set up attached \_\_\_\_\_ N/A \_\_\_\_\_

Additional Requests (please be specific)

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

Clean up Needed (parish sponsored events only): Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Person Accepting Responsibility \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

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Group Name \_\_\_\_\_ Date of Event \_\_\_\_\_

Facility: CHURCH HARVEY HALL SCHOOL

Sacristy \_\_\_\_\_ Hall \_\_\_\_\_ Multi-Purpose Room \_\_\_\_\_

Gathering Space \_\_\_\_\_ Kitchen \_\_\_\_\_ Room 9 \_\_\_\_\_

Annex \_\_\_\_\_ Room 10 \_\_\_\_\_

Library \_\_\_\_\_