

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 _____

Group Name _____ Date of Event _____

Facility: CHURCH HARVEY HALL SCHOOL

Sacristy _____ Hall _____ Multi-Purpose Room _____

Gathering Space _____ Kitchen _____ Room 9 _____

Annex _____ Room 10 _____

Library _____