

**USE OF PARISH FACILITIES-CHURCH/ACTIVITIES CENTER**

*(Minimum of Two Weeks Advance Notice Required)*

Today's Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Check Requested Location of Event: \_\_\_\_\_ Activities Center: \_\_\_\_\_ Church: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Number Attendees at Meeting/Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time(Duration)of Event: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone/Email of Contact Person: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Time In for Set-up: \_\_\_\_\_ Time Out after Clean-up: \_\_\_\_\_

***Rough sketch any special room design set-up on back of this sheet, please.***

Set-up to be completed by WHOM: \_\_\_\_\_

Clean-up to be completed by WHOM: \_\_\_\_\_

Pertinent Notes: \_\_\_\_\_  
\_\_\_\_\_

Keys Needed (***Must sign-out at Church Rectory Office; return by noon next day***): \_\_\_\_\_

Number of Chairs Needed: \_\_\_\_\_ Number of Tables Needed: \_\_\_\_\_ Size/Type Needed: \_\_\_\_\_

Are refreshments being served? \_\_\_\_\_ If so, what type: \_\_\_\_\_  
\_\_\_\_\_

**WILL ALCOHOL BE SERVED:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

Special Items Needed: \_\_\_\_\_

Reviewed/Approved by Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/Special Instructions: \_\_\_\_\_

**PLEASE NOTE-See Use of Parish Facilities Policy:**

The Rectory Office is responsible for scheduling the event on the calendar, as well as distributing the Facility Use Form to the Maintenance Department. To schedule your date, you can contact the OLV Church Rectory Office at: 237-7832, during business hours Monday through Friday, 8:30a.m. to 4:00p.m.

The Maintenance Department will assist in making arrangements for equipment, set-up and clean-up. Maintenance can be reached at: 237-7832, Ext. 220. (Please Note: the Maintenance staff is not available on Saturdays or Sundays, so please contact them in advance for any items or set-up needed).

If there is damage to any part of the facility during the event described above, you or the organization you represent will be held liable for the cost of repair (parts and labor).

\_\_\_\_\_  
Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
FacilitiesUseForm 7/7/04