

Saint Francis of Assisi Catholic Church

Facility Use Request Form

Date submitted ____ / ____ / ____

Name of **ORGANIZATION**: _____

HEAD of Organization: _____ Telephone #'s _____ day _____ night

CONTACT Person _____ Telephone #'s _____ day _____ night

Address _____ City _____ Zip code _____

EVENT information: **PURPOSE:** _____ **NUMBER** of people: _____

1st choice **DATE** requested: from ____ / ____ / ____ to ____ / ____ / ____

2nd choice **DATE** requested from ____ / ____ / ____ to ____ / ____ / ____

TIME: requested from _____ AM **or** PM **to** _____ AM **or** PM (Including Set-up and Clean-up time)

ACTUAL TIME OF EVENT: _____ AM **or** PM

FREQUENCY: ONE TIME EVENT _____ WEEKLY _____ (i.e. every Monday)

MONTHLY _____ (i.e. every second Thursday) OTHER: _____

SPECIAL REQUESTS: _____

IF POSSIBLE, I REQUEST (1st Choice) _____ AS A FACILITY.

(2nd Choice) _____ AS A FACILITY.

Food is allowed only in the Parish Halls. No exceptions.

I have read and agree to abide by the **Policy and Guidelines for Parish Facility Use**. I understand that failure to abide by the above will jeopardize my privilege for any future use of any Parish Facilities.

Signature of person requesting or **Head of Organization**

OFFICE USE ONLY

Date received _____

Approved _____ Conflict _____

Assigned Facility _____

Completed _____

Confirmation copy _____ Initials _____

**IMPORTANT: You are NOT "scheduled" in a facility
UNTIL you receive a confirmation letter.**