

ST. MARY PARISH FACILITY USAGE REQUEST FORM

PLEASE NOTE: Confirmation will be sent to contact email provided. Request for space is not guaranteed until receipt of confirmation.

<p>Contact Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p align="center"><u>Space Requested</u></p> <p><input type="checkbox"/> Nancy Bossidy Recreation Ctr</p> <p><input type="checkbox"/> Commercial Kitchen</p> <p><input type="checkbox"/> Parish Hall</p> <p><input type="checkbox"/> Day Chapel</p> <p><input type="checkbox"/> Barn</p> <p><input type="checkbox"/> Art/Music Room</p> <p><input type="checkbox"/> Library</p> <p><input type="checkbox"/> Life Teen Lounge</p> <p><input type="checkbox"/> Parish Office Conference Room</p> <p><input type="checkbox"/> Parish Office Lower Conference Room</p> <p><input type="checkbox"/> Other (Indoor or outdoor space)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Event Name: _____</p> <p>Ministry Name: _____</p> <p>Estimated Number of people attending event: _____</p> <p><u>EVENT TYPE:</u></p> <p><input type="checkbox"/> Assembly/Lecture/Movie</p> <p><input type="checkbox"/> Collection (ie. midnight run, food drive, etc)</p> <p><input type="checkbox"/> Dinner/Reception</p> <p><input type="checkbox"/> Fair/Expo</p> <p><input type="checkbox"/> Meeting</p> <p>Other: _____</p>	

Date(s) Space is needed: _____ **Event Start Time:** _____ **End Time:** _____

Setup Time: _____

(If multiple dates, please attach list of ALL dates along with time in and out for each date. If requesting same day of each week or month, attach list of start and stop date/time along with all exceptions due to holidays, vacation days, etc.)

<p align="center">SEATING AND ADDITIONAL NEEDS:</p> <p>_____ No Setup Required</p> <p>_____ Key Required to Access Location</p> <p>_____ Round Tables/ How Many: _____</p> <p>_____ Rectangular Tables/ How Many: _____</p> <p>_____ Chairs/ How Many: _____</p> <p>_____ Platforms</p> <p>_____ TV/DVD</p> <p>_____ Use of Scoreboard</p> <p>_____ Wireless Microphones / How Many: _____</p> <p>_____ Corded Microphones/How Many: _____</p> <p>_____ Podium w/ Microphone</p> <p>_____ Smart Board</p>	<p>_____ Easel/ How Many: _____</p> <p>_____ Flip Chart(s)/How Many: _____</p> <p>_____ Chalkboard</p> <p>_____ Projector and Screen</p> <p>_____ Risers</p> <p>_____ Piano</p> <p>_____ Use of Refrigerator/Freezer</p> <p>_____ Extension Cords/ How Many: _____</p> <p>_____ Coffee Urns/ How Many: _____</p> <p>_____ Arrow Signs</p> <p>_____ Cash Box/ How Many: _____</p> <p>Other:</p> <p>_____</p>
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Approved by: _____ **Date:** _____/_____/_____