

**ST. MARY PARISH  
FACILITY USAGE REQUEST FORM  
2016-2017**

Office Use :  Request # _____
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Event Name: \_\_\_\_\_ Event Type: \_\_\_\_\_  
 Ministry Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

Date(s) Space is Needed: \_\_\_\_\_ Time in: \_\_\_\_\_ Time Out: \_\_\_\_\_  
 (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.)

Anticipated Number of People Attending Event: \_\_\_\_\_

**EVENT TYPE:**

- Assembly/Lecture/Movie
- Collection (ie. midnight run, food drive, etc)
- Dinner/Reception
- Fair/Expo
- Meeting
- Other/Special Setup
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SPACE REQUESTED:**

- Nancy Bossidy Recreation Ctr
- Commercial Kitchen
- Parish Hall
- Day Chapel
- Barn
- Art/Music Room
- Library
- Life Teen Lounge
- Parish Office Conference Room

- Parish Office Lower Conference Room
- Other (Indoor or outdoor space)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SEATING AND ADDITIONAL NEEDS:**

- |  |  |
|--|--|
| <input type="checkbox"/> _____ No Setup Required               | <input type="checkbox"/> _____ Flip Chart(s)               |
| <input type="checkbox"/> _____ Key Required to Access Location | <input type="checkbox"/> _____ Chalkboard                  |
| <input type="checkbox"/> _____ Round Tables                    | <input type="checkbox"/> _____ Projector and Screen        |
| <input type="checkbox"/> _____ Rectangular Tables              | <input type="checkbox"/> _____ Risers                      |
| <input type="checkbox"/> _____ Chairs                          | <input type="checkbox"/> _____ Piano                       |
| <input type="checkbox"/> _____ Platforms                       | <input type="checkbox"/> _____ Use of Refrigerator/Freezer |
| <input type="checkbox"/> _____ TV/DVD                          | <input type="checkbox"/> _____ Extension Cords             |
| <input type="checkbox"/> _____ Use of Scoreboard               | <input type="checkbox"/> _____ Coffee Urns                 |
| <input type="checkbox"/> _____ Wireless Microphones            | <input type="checkbox"/> _____ Arrow Signs                 |
| <input type="checkbox"/> _____ Corded Microphones              | <input type="checkbox"/> _____ Cash Box                    |
| <input type="checkbox"/> _____ Podium w/ Microphone            | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> _____ Smart Board                     | _____  |
| <input type="checkbox"/> _____ Easel                           | _____  |

Submit request to Marcia Giorgio at Parish office or [mgiorgio@smcr.org](mailto:mgiorgio@smcr.org). Approved document will be returned via email as confirmation.

**CHANGE REQUESTS:** All changes to this request may be made by updating the original, confirmed document, identifying the areas that changed (below) and resubmitting to the Parish Office up to 72 hours prior to the event. Changes received after this period are not guaranteed. Approved changes will be returned via email as confirmation.

Change Request Date: \_\_\_\_\_ Section(s) Changed: \_\_\_\_\_ Event \_\_\_\_\_ Space \_\_\_\_\_ Seating/Add'l \_\_\_\_\_

For Office Use Only: SA: _____ CA: _____ FOA: _____ FOCA: _____
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