



# Facility Reservation Request Form

PLEASE PRINT CLEARLY

APPLICATION DATE \_\_\_\_\_

**Name of Organization/Individual**

**Contact Information** (Person who will assume responsibility and be in attendance at function/event)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Ph#: \_\_\_\_\_ Secondary Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Status of Applicant**

Church Group     St. Clement's School     Diocesan Group     Private Function (Parishioner)     Private Function (Other)     AOAO

Community Group (Non-Profit? Y\_\_\_\_ N\_\_\_\_)     Other \_\_\_\_\_

**Event Description** (Please tell us about your event)

**Date/Time Requested** (Set Up and Start Time must be after 5:30pm if scheduled on a Weekday)

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_ - To - \_\_\_\_\_

Set Up Time: \_\_\_\_\_ Clean Up: \_\_\_\_\_

**Expected Attendance**

15 or less     16 - 25     26 - 99     100+     Adults Only     Adults and Children

**Facility Desired**

Sanctuary (Capacity 300/ Religious Activities Only)     Parish House - main hall (Capacity 250)     Parish House - main hall w/side rooms open (Capacity 300)

Small Meeting Room (Capacity 15)     Nursery     Kitchen     Music Room (Capacity 30)

School Playground (Does not include Playground Equipment)     Parking Lot (Capacity 40 cars)

**Set-up/Equipment**

# of 6ft. tables needed: \_\_\_\_\_ # of chairs needed: \_\_\_\_\_ Set-up Services? Y\_\_\_\_ N\_\_\_\_ (if yes, please draw layout on the back)

Sound System - Sanctuary (cassette, CD, wireless mic)     Sound System - Parish Hall (cassette, CD, wireless mic) \*additional fee\*

Video System - Parish Hall (DVD, VHS, TV, projector, wall screen) \*additional fee\* Please Specify: \_\_\_\_\_

Easels (2 available) specify how many are needed: \_\_\_\_\_     Piano \*additional fee\*

**The undersigned applicant agrees to the following conditions:**

1. The appropriate fees will be charged in accordance with the attached fee schedule.
2. All fees are due upon confirmation of reservation.
3. If the reservation is cancelled, 25% of the fees will be retained by The Parish of St. Clement.
4. When applicable, evidence of proper insurance coverage for the event will be produced.
5. Any damage to the facilities and/or equipment will be paid for by the applicant.

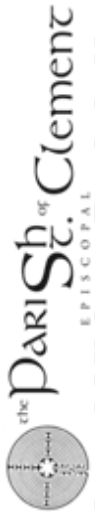
The undersigned applicant hereby gives The Parish of St. Clement permission to verify the information contained in this application and understands that no date will be held until this application is returned and approved by the Parish or its representative.

**Applicant's Signature** \_\_\_\_\_ Date: \_\_\_\_\_

**\*OFFICE USE ONLY\***

This event has been approved. Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

This event is NOT approved. Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_



# Paul and Vi Loo Parish House

