

ST. MATTHEW'S CATHOLIC CHURCH / POPE JOHN PAUL II CENTER FACILITIES USE REQUEST FORM

You must have read and completely agreed to the Facility Use Policy found at www.stmattlgy.com

1 NAME OF INDIVIDUAL / GROUP: _____

NAME OF EVENT: _____

RESPONSIBLE CONTACTS NAME: _____

CONTACTS E-MAIL ADDRESS: _____

APPROXIMATE # OF ATTENDEES: _____

HOME PHONE: _____ - _____ - _____

WORK PHONE: _____ - _____ - _____

CELL PHONE: _____ - _____ - _____

2 EVENT DATE(S) & TIME(S):

SETUP EVENT: _____ / _____ / _____ ACTUAL EVENT: _____ / _____ / _____ CLEANUP EVENT: _____ / _____

month day month day year month day

START TIME: _____ : _____ AM/PM START TIME: _____ : _____ AM/PM START TIME: _____ : _____ AM/PM

END TIME: _____ : _____ AM/PM END TIME: _____ : _____ AM/PM END TIME: _____ : _____ AM/PM

3 MORE DATES:

_____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____

month day year month day year month day year month day year

HOW OFTEN WILL THIS EVENT OCCUR? (check one): Weekly Monthly Quarterly Bi-Annually Annually

4 FACILITIES REQUESTED (check those that apply):

POPE JOHN PAUL II CENTER <input type="checkbox"/> Pope JP II Main Hall <input type="checkbox"/> Pope JP II Room 1 <input type="checkbox"/> Pope JP II Room 3 <input type="checkbox"/> Pope JP II Room 5 <input type="checkbox"/> Pope JP II Room 6 <input type="checkbox"/> Pope JP II Room 8 <input type="checkbox"/> Pope JP II Kitchen <input type="checkbox"/> Pope JP II Stage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MAIN PARISH BUILDING <input type="checkbox"/> Parish Hall <input type="checkbox"/> Chapel <input type="checkbox"/> Parish Hall Kitchen <input type="checkbox"/> Church <input type="checkbox"/> Church Grounds <input type="checkbox"/> Church Parking Lot <input type="checkbox"/> Nursery (Room 5) <input type="checkbox"/> Room 13 <input type="checkbox"/> Room 14 <input type="checkbox"/> <input type="checkbox"/>	FAITH FORAMTION CENTER <input type="checkbox"/> Room 22 <input type="checkbox"/> Room 29 <input type="checkbox"/> Room 31 <input type="checkbox"/> Room 37 <input type="checkbox"/> Library <input type="checkbox"/> Copier Room <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Will there be music at this event? ____yes, ____no If yes, the form for Band/DJ must be filled out SOUND SYSTEM Parish Sound System and Microphones are NOT available <input type="checkbox"/> Bring Sound System <input type="checkbox"/> Amplifier # _____ <input type="checkbox"/> Bass Speakers # _____ <input type="checkbox"/> Indoor Speakers # _____ <input type="checkbox"/> NO Outdoor Speakers
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5 EVENT ACTIVITIES:

Will food and non-alcoholic beverage be served? (check one): YES NO Will alcohol be sold? YES NO

Will alcohol/beer be served to adults 21 & over? (check one): YES NO **IF YES, TABC PERMIT REQUIRED!**

6 ACKNOWLEDGEMENT:

By Signing this request form, you as the responsible party have read, understood, and agreed to the St. Matthew's Facility Usage Agreement, of which contains important City and State Ordinances. If these rules are not followed, you and your party will be held responsible by the appropriate local and/or State authorities.

_____ Signature

-- THE FOLLOWING SECTION IS FOR OFFICE USE ONLY --

Date Received: _____ / _____ / _____ Received By: _____

month day year

DEPOSIT Collected?: YES NO Cash Check Returned Not Returned \$ _____

BALANCE Collected?: YES NO Cash Check TOTAL \$ _____

CHURCH OFFICE: _____ FACILITY MANAGER: _____ APPROVED?: YES NO