

# St. Patrick Parish and School

## Facility Reservation Request

- Completed form should be submitted to the school office (for school facilities) OR the parish office (for parish facilities) at least 10 days prior to the event.
- Office personnel will check for availability and conflicts.\*
- This form will then be submitted to the Pastor or School Administrator for approval and recorded on the master calendar in the parish/school office.
- Rules for all activities:
  - All groups are responsible for any and all damages.
  - The sponsor/contact person must be present during the activity and is responsible for returning the facility/equipment to prior condition. If a maintenance person is called in to restore this area, the group will be charged accordingly.
  - If a problem occurs during the function, the sponsor/contact person will notify a maintenance person immediately.
  - The sponsor/contact person is responsible for verifying all doors used are locked and lights are turned off at the end of the event.

Group Name:		Today's Date:	
Activity:			
Event		Facility/Room Needed:	
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Date(s):  <hr/> Prep Start Time:      Event Start Time: <hr/> Prep End Time:        Event End Time:	<input type="checkbox"/> Classroom (specify room #) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <input type="checkbox"/> Gym <input type="checkbox"/> Kitchen <input type="checkbox"/> Cafeteria <input type="checkbox"/> Parish Hall* <small>* Please note when reserving the Parish Hall that the hall is available for funeral dinners. You are welcome to plan your event, but must be flexible and willing to move/change your event should the need arise.</small> <input type="checkbox"/> Church <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
Fob/Key Access		EQUIPMENT Needed (indicate quantity if applies):	
<input type="checkbox"/> Request Fob Access for door(s): _____ <input type="checkbox"/> Request Key Access for door(s): _____ <input type="checkbox"/> Request Doors Programmed to be unlocked: # _____		<input type="checkbox"/> Bleachers <input type="checkbox"/> Tables <input type="checkbox"/> Chairs <input type="checkbox"/> Sound System <input type="checkbox"/> Multi-Media Projector	
Date(s):	Unlock/Start Time:		
	Lock/End Time:		
(see 1st floor layout on side 2 for reference)			
<b>Guest WIFI Password: Sh@mrocks!</b>			
Please attach miscellaneous notes and set-up information.			
Notes:			
Contact Person/Sponsor:			
Address:			
City/State/Zip:		Phone:	
Recorded By:		Date:	
Pastor/Administrator Approval:		Date:	

pc: contact person, maintenance