Parish of St. Clement Facility Reservation Request

PLEASE PRINT OR TYPE **Application Date:_____**

Name of Organization/Individual:

Name of Contact Person: (Person who will assume responsibility and be in attendance at function)

Title:	Primary Phone:		Secondary Phone:

Complete Mailing Address:

Email: Fax No.

Status of Applicant:
- ☐ Church group
- ☐ Diocesan group
- ☐ Private Function - Parishioner
- ☐ Private Function - Other
- ☐ School group
- ☐ AOAO
- ☐ Community group (Non-profit? Y __ N __)

Briefly describe the proposed event:

Date(s) requested: _____ Time: from_____to:_____

Expected Attendance: ☐ 25 or less ☐ 26-99 ☐ 100 or more ☐ Adults only ☐ Adults and children

Facility Desired:
- ☐ Sanctuary (Capacity 300)
- ☐ Parish Hall – main (Capacity 250)
- ☐ Parish Hall – with side rooms open (Capacity 300)
- ☐ Small meeting room (Capacity 15)
- ☐ Nursery
- ☐ Kitchen
- ☐ Music Room (Capacity 30)
- ☐ School Staff Lounge (Capacity 24)
- ☐ School Playground
- ☐ Parking Lot (Capacity 40 cars)

# of 6' tables needed _____ # chairs needed _____ Set up service needed? Y ___ N ___

Additional Equipment Desired: Please Circle

- ☐ 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) specify_____(additional fee)
- ☐ Portable lectern
- ☐ Easels (3 available) How many? _____
- ☐ Piano (additional fee)

APPROVED BY: DISAPPROVED BY:

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.
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.

Signature: Date:

Revised 9/9/2009