

BUILDING USE APPLICATION

Group/Organization _____

Contact Person Responsible for Event:

Name _____

Phone # _____

Purpose/Nature of Group _____

Date(s) Requesting _____

Time(s) _____

Ongoing Event: ___ Weekly ___ Monthly ___ Annually

Space Requested: ___ Parish Center ___ Kitchen ___ Herrick Room

 ___ Church ___ Other

Number Expected: _____

Office Use: (Do not complete)

_____ Dates requested **available**

_____ Dates requested **not available**

Your group or organization will be notified regarding availability. Please send completed form to the attention of Diane Martin, Business Manager, Holy Family Parish.