

BUILDING USE APPLICATION

Group/Organization _____

Contact Person Responsible for Event: _____

Staff Contact: _____

Name _____ Phone# _____

Email: _____

Date(s) _____

Time(s) _____

Ongoing Event: ___ Weekly ___ Monthly ___ Annually

**PLEASE RETURN ALL TABLES AND CHAIRS TO THEIR ORIGINAL POSITIONS
AS OUTLINED ON THE ATTACHED DIAGRAM.***

Number Expected: _____

Type of Space Required: ___ Tables ___ Chairs ___ Room w/door

 ___ Open Space ___ Church ___ Chapel

 ___ Kitchen ___ Stove ___ Refrigerator

Other: _____

Office Use: (Do not complete)

___ Dates requested **available** ___ Dates requested **not available**

___ Employee Initials

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

Rev. October, 2016

*Please be aware that unforeseen circumstances may arise, causing us to change your schedule – If these circumstances should arise, you will be notified as soon as possible.