Facility Use Request Form St. Patrick Catholic Church

Name of Organization/Individ	ual		
Address			
Please include i	(City/State	
Home Phone – please include	Cell pho	ne	
Are you a registered member of	of St. Patrick \(\subseteq Yes \(\subseteq No \)		
Description of Event			
♥Will you have speakers at the remember if your speaker(s) at Portland Diocese which include on them <u>BEFORE they are all information as soon as possible</u>	re visiting Clergy (which in les also the Baker Diocese, llowed to be a speaker at y	cludes Deacons) from we will need to do	rom outside the a background check
Name of speaker	Address	City/State	Phone
Date of Event	Please use the	lines below for ad	ditional dates
Date of setup	Time	of Set-up	
Time of Event	to	(11:00p.m.	is our cutoff time)
Rooms you are requesting: (Rodiscretion of the Parish Office.	-	ailability <u>ONLY</u> a	nd are assigned at the
1	2		
Number of people attending th	is function	(app	proximation)
*Will children be present for y Please list the names of those a		<u> </u>	

Will Alcohol be served? (Please check the box) \square (The guarantee approval of alcoholic beverages being all	
Please list the Alcohol beverages below you are reques	sting to serve
1	
2	
<u> </u>	
Liquor License	
 All events serving beer and/or wine with any n goodwill donations or per glass charge, are req License. Contact the Business Office no less th the licensing process. 	uired to have an OLCC Temporary Sales
 Any parish organization requiring an OLCC To for the associated fees to the City of Canby and responsible to acquire the signatures required f Department. 	d OLCC. The organization will also be
All OLCC Temporary Sales Licenses must be	on site during the entire event.
Will Food by served (Please check the box) If you will be handling food, the following procedures Food Handlers *Any organization handling food must have at least or site during ALL food prep and serving. The actual care time during food prep and serving.	ne person with a Food Handlers Card on
(Fo	od Handlers card number)
**If you are an organization requesting use of our your acting President of your Organization FIRST this Facility Use Request, both the acting President by all of our rules and policies as explained to you. will be held accountable should the Parish Office need	buildings, you must get the approval of by having them sign below. By signing and the person responsible will abide Both will be responsible for this event and
Signature of President of Organization	Phone number
Signature of responsible party of event	Phone number
Address of responsible party	City/State/Zip

♥PARISH OFFICE USE ONLY♥

Fees Charged:						
Janitorial fee	Check #	_ Amoı	ınt	Date		
Facility Use fee Check# Tulip Insurance fee Check#		_ Amoı	ınt	Date		
		_ Amou	ınt			
Room (s) assigned						
Signature of Pastor	Date approved					
☐ Google calendar ☐ Debbie calendar ☐ Fr. Arturo Romero-Bautista						
Copy Facility Use Request sent to responsible party [Date sent]						
Date posted						