

FACILITY RESERVATION REQUEST FORM  
ST. JOSEPH CHURCH  
2935 KINGSTON ROAD, YORK, PA 17402  
717-755-7503 FAX: 717-757-1900

*Please complete, sign, and return, along with any required rental or deposit fees to:  
Binky Theodore, Parish Secretary*

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

ORGANIZATION: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE(S) OF THE EVENT: \_\_\_\_\_

RESERVATION START TIME: \_\_\_\_\_ RESERVATION END TIME: \_\_\_\_\_

ACTUAL EVENT TIME: \_\_\_\_\_

FACILITY YOU ARE REQUESTING:

- SS. FRANCIS AND CLARE TOGETHER  
 ST. FRANCIS ONLY  
 ST. CLARE ONLY  
 ST. PIO  
 CONFERENCE ROOM  
 CHURCH  
 CHAPEL  
 NARTHEX  
 GYM  
 KITCHEN

I have read, understand, and agree to the *Rental Guidelines for Church Building*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Office Use Only:*

Date Application Received: \_\_\_\_\_

Rental Fee: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Deposit Fee: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Returned: \_\_\_\_\_