

FACILITY RESERVATION FORM – 2020

Sacred Heart Catholic Church -529 I Street, Patterson CA 95363

(209) 892-9321 x1004 – FAX (209) 892-2102

Tammy A. Ulibarri - shbusiness.manager@yahoo.com

HALL REQUESTED:

_____ Father Connors Hall – 220 Salado Avenue
_____ Father Connors Hall Kitchen Only

Sister David Hall – 503 M Street

_____ Sister David Room (larger room)
_____ Meeting Room (smaller, next to kitchen)
_____ Kitchen Only

_____ Community Room – 529 I Street

Date(s) Requested: _____

Time(s) Requested: _____

Your Name: _____

Your Mailing Address: _____

Telephone # _____

What is the ministry/group requesting use? _____

What event will be held in the hall? _____

How many people will be attending? _____

Notes: _____

Note: If you cancel your meeting(s), please notify the Business Manager ASAP. Multiple unused dates will result in loss of approval to use the facilities if Business Manager is not notified.

Office Use Only: (Approval is given with the condition that outside groups using the facilities have on file current liability insurance and a signed license agreement.)

Key Pickup: _____

Approved: _____

Event Insurance: _____

License Agreement: _____

Date Confirmed: _____

Not Approved: _____

Received copy of Housekeeping Rules: _____