

**LOPES ORCHARDS DE PAUL CENTER
FACILITY RESERVATION FORM
2019-2020 through December 2021**

Sacred Heart Catholic Church -529 I Street, Patterson CA 95363
(209) 404-9160 - FAX (209) 892-2102
lodpcinfo@gmail.com

ROOM REQUESTED: (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Main/Gym | <input type="checkbox"/> Meeting Room A & B |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Lobby Only |
| <input type="checkbox"/> Meeting Room A | <input type="checkbox"/> Grass Area (behind school) |
| <input type="checkbox"/> Meeting Room B | |

What is the ministry/group requesting use? _____

Date(s) Requested: _____

Time(s) Requested: _____

What event will be held? _____

How many people will be attending? _____

Notes: _____

Your Name: _____

Your Mailing Address: _____

Telephone # _____ Email: _____

Please let me know if any of your approved dates are cancelled so I may open the date(s) up to others.

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.)

Date Turned in: _____

Key Issued: _____

Approved: _____

Cleaning Fee: _____

Date Confirmed: _____

Not Approved: _____

Received copy of Housekeeping Rules: _____