

Date Received: ___/___/___
Date Entered: ___/___/___
Staff Initials: _____

St. Albert The Great Catholic Church
Parish Activity Center Hall (PAC) Rental Request Form

Name of Organization/ Person: _____
Name / Type of Event _____
Purpose of this Event (e.g. Wedding Reception, Fund raising, etc.) _____
Contact Person/ Bride AND Groom Names: _____
Phone Numbers: (CELL) _____ (HOME) _____
Email: _____
How did you hear about us? _____

Estimated No. of Attendees _____ (more than 100? A Certificate of Special Event Insurance is REQUIRED)
Facility to Rent (Mark all that apply):
____ Parish Activity Center (PAC) Hall & Kitchen _____ Other -St. Albert Facility (Please indicate)
____ Parish Hall & Kitchen _____

Event Date and Time required:
Date ___/___/___
Beginning Time: _____ AM / PM Ending Time: _____ AM / PM
Time Needed for: **Set up** _____ (Minutes/hour) **Clean up:** _____ (Minutes/hour)
Other Remarks: _____

Kitchen accessories/utensils NOT provided.
Table: Long _____ Round _____ Chairs _____ (please indicate number required)
Will need (Please check) Refrigerator Sound System
Portable Mic/Speaker Additional Microphones Yes _____ No _____
Other comments: _____
Alcohol Serve? Yes _____ No _____ Pay Per Drink? Yes _____ (Permit Required) No _____
Questions / Comments / Other Requests:

Signature _____ Date: _____