

**APPLICATION FOR USE OF FACILITIES
OUR LADY OF THE PRESENTATION CATHOLIC CHURCH**

Date(s) of Event: _____

Date of Application: _____

Start Time: _____

End Time: _____

Set-up Time: _____

Take Down Time: _____

(please indicate if special set time is needed)

Purpose of Event: _____

Number of people attending: _____

Sponsoring Group: _____

Contact Person: _____

Phone (Day): _____

E-mail Address: _____

Phone (Eve.): _____

Facilities Requested: (Please check all that apply)

**Note: Permission for use is granted to only the facilities that are checked below.
Other facilities are off limits and are not to be used.**

Auditorium

Kitchen (bring supplies)

Special Set Up Requirements: (tables & chairs) please provide map of layout

Audio/Visual Equipment: Projector System

Please contact Carolyn Christianson, 816-251-1108, 72 hours prior to event for instructions on equipment use.

1. **Tables and chairs are accessible for set up. All groups are responsible for their own set up and take down. This includes sweeping and vacuuming areas where applicable and mopping tiled areas. Wipe tables and counter tops clean, take out trash, clean up smoking area if used.**
2. **Every group is expected to return tables and chairs to their respective storage areas immediately at the conclusion of the event unless previously negotiated otherwise.**
3. **Rental fees are due at the Parish Office at the time the reservation is made. Event insurance form must be completed online with payment. Click on the link: <http://www.kandkinsurance.com/sites/tulip/pages/dioceseeligibility.aspx>. Proof of insurance must be given to the Parish Office. Serving of alcoholic beverages to minors is prohibited at all times.**
4. **Facilities not specifically reserved are off limits to all.**

Deposit will be forfeited if chairs/tables are not returned and /or the facilities are in disarray or damaged. Tables, chairs, carpeting/flooring, etc. must be left in the same condition in which they were found.

Will alcoholic beverages be served?

Total Deposit/Damage Fee:

Total Usage Fee:

Total Due:

Date Received:

I understand and agree that the deposit will be forfeited if damage occurs or if extra cleanup is required after the facility is vacated. I also accept responsibility for the supervision of the serving of any alcoholic beverages to ensure moderation and compliance with the law.

Signature:

Received by: