

USE OF FACILITIES APPLICATION FORM

Event Date: _____ Start Time: _____ End Time: _____

All events on Parish grounds must conclude by 10 p.m.

Room Reserved: Auditorium Serving Kitchen Etue Room Meeting Space Kitchen

Purpose of Event: _____

Responsible Party: (must be parishioner): _____

Email: _____ Phone: (H) _____

(W) _____

(C) _____

Mailing Address: _____

Will alcohol be served? _____

Will food/drink be served? _____

Caterer/Food Preparer: _____

Phone: _____

Equipment needed: 6 foot round tables (16 available with 6 chairs each)

8 foot rectangular tables (6 available)

FEES ARE DUE AT THE TIME THE ROOM IS RESERVED

Auditorium and Serving Kitchen \$ 750

OR Etue Room \$ 400

With Meeting Space Kitchen \$ 100

Damage Deposit \$ 600

Insurance (\$125) must be obtained through the Diocese at the time of registration.

Please email us a copy of your certificate of insurance once you receive it in your email.

(within 10 days)

<http://www.kandkinsurance.com/sites/tulip/pages/dioceseeligibility.aspx>

As Responsible Person, I understand and agree that the deposit will be forfeited if damage occurs or if extra clean up is required after the event. I accept responsibility for the supervision of all activity at the event and agree to comply by Presentation Parish policies.

Signature: _____ Date: _____