St. Chad's Church Facilities Use Request

Complete and submit this form to the Parish Administrator at least five (5) business days prior to requested use date. Availability will be determined and you will be advised as to approval.

Date Submitted _____

Event Name _____

Date(s) Requested for Facilities Use _____

Time of Meeting From _____ To _____

Setup Date/Time _____

Rooms Required

___ Commons (C)
___ Choir Room (CR)
___ Meeting Room (M)
___ Kitchen (K)
___ Youth Room (Y)
___ Sanctuary (S)
___ Come to the Cross Room (CTC)

Number Attending _____

Will Alcohol Be Served? ___ No ___ Yes

Requested By _____

Name of Group _____

Telephone Number _____ Email _____

OFFICE USE ONLY

Reviewed Date _____ By _____

Potential Conflicts _____

Alcohol Policy Provided _____ _____

Approved Date _____ By _____

Denied Date _____ By _____

Reason _____

_____

[9-1-16]