St. Paul VI Parish Facility Use Request Form

Contact Information		
Name:	Group Name:	
Phone:	Email:	
Contact Person (if differe	nt than person requesting): Name:	
Phone:	Email :	
Facility Space Neede	d: (Please check all that apply):	
St. Mary Church	Oak Room Parish Center PC Lobby	
Lyne; Living Room	Lyne; Lg. Conf. Rm Lyne; Sm. Conf. Rm.	
Mater Christi Church	Marian Room St. Hugh Faith Formation Center	
Menarik Hall	Other; Please specify:	
Facility Usage Date 8	k Time Information	
5	Alternate Date:	
Time of Event:	*Start time and end time should include setup and cleanup.	
Start Time Needed:	End Time:	
Equipment Usage Inf	ormation	
	(A/V):	
	_ No Other Needs:OvenOther, please specify:	
Reason for Request		
Type of Request		
-	vent (free) Ticketed Event (paid) Fundraiser	

(PLEASE TURN OVER)

If you checked Meeting , and your group has that you are requesting.	recurring meetings, what are the recurring dates	
that you are requesting.		
If you checked Event (free), Ticketed Event	(paid), or Fundraiser, please answer the following:	
Will children be in attendance:Yes N	No Will alcohol be served:Yes No	
Will food be served:Yes No Will	there be raffles/games of chance:Yes No	
Attendance (open or by invitation only): C	Open Invitation Other, please specify:	
Will you need a form (paper and/or online) cr	eated:Yes No	
Will you need any help marketing/communica with the parish (bulletin, eblast, website, bann	_	
If you checked Ticketed Event (paid), o	r Fundraiser , please answer the following:	
Cost per person/ticket:	Estimated Attendance:	
Estimated Income:	Anticipated Expenses:	
Net Proceeds:		
If you checked Fundraiser , please answer t	he following:	
Reason for Fundraiser, what do you plan to do		
	- 11.01. 0.10 p. 0.00000 11.01.1 01.10 101.101.01.01.01.	
Questions/Comments/Notes/Details:		
	Scan to comple form electronica	
Facilities/Office Use Only	Tom electronics	
,	Date Approved:	
Notes:		