



St. Pius X Facilities Reservation Request Form
Private Event/ Community Organization

Received
Date \_\_\_\_\_

Community Organization: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date(s) Requested: \_\_\_\_\_

Recurring: Y/N Frequency: Daily / Weekly / Monthly / Other \_\_\_\_\_ Multi-Day Event Y/N \_\_\_\_\_

Name of Event: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Published Event Times: \_\_\_\_\_ to \_\_\_\_\_ Set up: \_\_\_\_\_ Clean up: \_\_\_\_\_ (in minutes)

Person responsible for clean up: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

All rooms must be left clean, with furniture in place as found.

Multiple Rooms Requested - check all that are requested

Table with 5 columns: Standard Classrooms, Meeting Rooms, Large Classroom, Administration Hall, Parish Hall (room only). Includes checkboxes for pricing and offerings, and sub-sections for Ball Field and full kitchen options.

Kitchen Requests - Use of kitchen must be coordinated with Kitchen Director, Iris Grant minimum 2 weeks in advance

- Limited Kitchen (includes access to icemaker, garbage cans, prep space, sink)
Full Kitchen (includes use of warmers, coffee maker, icemaker, garbage cans, prep space, sink, and stoves)

Room Set-up Requests:

- Banquet
Classroom
Theater
U-Shaped
Other

Special Equipment Requests:

- TV/DVD
Podium
Microphone
LCD Projector
Laptop
Screen
HDMI Cable
RJ45 Cable
VGA Cable

After Hours Event

Person Responsible for Unlocking: \_\_\_\_\_ Lock-up: \_\_\_\_\_

Will there be children attending? Yes \_\_\_ No \_\_\_ Parents may only supervise their own children. Gathering of children (including nursery) without parents requires 2 chaperones (over 18 yrs.) who are both trained and approved in accordance with Archdiocesan and Parish policy. Call Parish Office for details.

Person #1 Responsible for Children: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Safe Environment verified \_\_\_\_\_

Person #2 Responsible for Children: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Safe Environment verified \_\_\_\_\_

OFFICE USE ONLY

PASTOR APPROVAL: \_\_\_\_\_ FEE AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_

INSURANCE CERTIFICATE NEEDED? Yes \_\_\_ No \_\_\_ On File? Yes \_\_\_ No \_\_\_

PAYMENT AMOUNT: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ Check / Cash Receipt # \_\_\_\_\_

BALANCE AMOUNT: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ Check / Cash Receipt # \_\_\_\_\_ 3/8/2016