

The Catholic Church of St. Gabriel Facility Reservation Request
Please print and fill out completely.

Date of Function: _____ Time: _____ (begin) _____ (end)
(including time for setup and clean up)

Actual Published Time of Event: _____ (begin) _____ (end)

Alternate Date: _____ Time: _____ (begin) _____ (end)

Name of Function: _____ Expected Attendance: _____

Description of Function: _____

Will nursery be needed? Yes _____ No _____ How many children are expected? _____

Who will clean floors and bathrooms? _____

Extra round tables needed? Number _____

Upper Level Church: _____

Lower Level Church: _____ Room Number(s): _____

Parish Hall: _____ Room Number(s): _____

Kitchen: _____ Front Entrance: _____ Gathering Area: _____ Hall: _____ Grounds: _____

Name of Requestor: _____

Address: _____

Telephone: _____ Day: _____ Evening: _____

Alternate Contact (Name): _____ Phone: _____

I understand that I am responsible for the following:

1. To return the areas requested to their original condition.
2. To arrange for pickup/return of keys, arming/disarming of security.
3. To remove any trash or refuse generated by this function to approved outside areas.
4. Any breakage or damage resulting from the activity, including replacement.

If this is a fundraiser, did you get approval from the finance council? _____

Signature: _____ Date: _____

Coordinator: Space available: _____ Initials: _____ Date: _____

Pastor/Business Administrator: Approved: _____ Disapproved: _____