## **HOLY INFANT PARISH**

## FACILITY REQUEST FORM—<u>RECURRING EVENT</u> JULY 1, 2024 - JUNE 30, 2025

Dates of Event:	of eachof each					
Exception Date(s):						
Facility(ies) Reques	sted:					
Specific Activity:						
Ministry/Organizati	ion:					
Contact Name:						
Phone Number:	Н:_		C:			
Email Address:						
Activity will begin at			and @	end at		
Setup Time:			AM / PM			
Number of adults in	n attendar	nce:	Number	of children in attendan	ce:	
Adult responsible for	or picking	g up and dr	copping off keys			
Phone Numb	er: H_		W:	C:		
your event return th Duplication of keys the following priori Athletic Events, D: scheduled events. I	te key(s) is strictly ty: A: Sa Other ev	and signed y forbidden cramental, ents as allo reason you	checklist to the paris n. When a scheduling Pastoral, and Parish owed with Pastor's ap ar event needs to be n	th "drop box" located a g conflict arises, the Ho Events; B: Parish Elen proval. This priority s	m - 4:00pm. At the conclusion t the entrance of the parish off oly Infant Administration will nentary School & PSR Events, ystem also applies to previous ility, other available facility ff as possible.	ice. use C:
Drinks	Yes	No	Type			
Food	Yes	No	Type			
Tables	Yes	No	_ How many			
Chairs	Yes	No				
Cooking Facilities	Yes	No	Which one	e		
Pad for gym floor	Yes	No				
Applicant's Signature				Date:		