

HOLY INFANT PARISH

**FACILITY REQUEST FORM—ONE-TIME EVENT
JULY 1, 2024 – JUNE 30, 2025**

Date of Event: _____

Facility (ies) Requested: _____

Specific Activity: _____

Ministry/Organization: _____

Contact Name: _____

Phone Number: H: _____ C: _____

Email address: _____

Activity will begin at _____ and end at _____

Setup Time: _____ AM / PM

Number of adults in attendance: _____ Number of children in attendance: _____

Adult responsible for picking up and dropping off keys _____

Phone Number: H _____ W: _____ C: _____

***Room keys must be picked up Mon.– Fri. between 8:00am- 12:00pm or 1:00pm- 4:00pm. At the conclusion of your event, return the key(s) and signed checklist to the parish “drop box” located at the entrance of the parish office. Duplication of keys is strictly forbidden. When a scheduling conflict arises, the Holy Infant Administration will use the following priority: A: Sacramental, Pastoral, and Parish Events B: Parish Elementary School & PSR Events, C: Athletic Events, D: Other events as allowed with Pastor’s approval. This priority system also applies to previously scheduled events. If for any reason your event needs to be moved to a different facility, other available facility options will be suggested, and you will receive as much notice from the rectory staff as possible.

Drinks Yes ___ No ___ Type _____

Food Yes ___ No ___ Type _____

Tables Yes ___ No ___ How many _____

Chairs Yes ___ No _____

Cooking Facilities Yes ___ No _____ Which one _____

Pad for gym floor Yes ___ No _____

Applicant’s Signature _____ Date: _____