

**HOLY FAMILY CATHOLIC CHURCH
EVENT REQUEST FORM**

Key Issued: _____ Returned _____

Date of Event _____ Size of Group _____

Space Requested _____ Parish Sponsored _____ Non-parish Sponsored _____

Group/Organization _____ Purpose _____

Organizer _____ Email _____ Tel. _____

Set-up Person _____ Email _____ Tel. _____

Clean-up Person _____ Email _____ Tel. _____

Time From: _____ To: _____ Set-Up Date/Time _____

Equipment Requests*: Easel(s) _____ Speaker Stand _____ Stage/Riser _____

DVD/VCR/TV _____ Projector/Screen _____

Microphone _____ Stand _____ Wireless _____

Tables (Round) _____ # Tables (Long) _____ # of Chairs _____

REMARKS: _____

*Any equipment or items brought in will need prior approval by Facility Coordinator.

Please initial checked items and return to Facility Scheduling Coordinator @ HFCC.

_____ I have read and fully understand the Facility Guidelines & Policy for HFCC and agree to abide by these policies. All the information provided by me is true.

_____ Facility Use/Indemnity Agreement (To Be Signed & Returned)

_____ Adult Hold Harmless/Indemnity Agreement (To Be Signed & Returned)

_____ Certificate of Insurance - Either thru H.F. _____ or: Own insurance _____

_____ \$350 Refundable Security Deposit

_____ Rental payment of: _____ Received check # _____

Event Organizer Signature

Date

Facilities Scheduling Coordinator

Date