St. John Nepomucene Catholic Church

Facilities Use Request – Parish Group

Group:									
Group:		_							
Event:									
Contact Name:									
Phone:									
E-mail:									
Date(s) requested:									
Time requested:									
Location re	quested	:							
Frequency:	Once	_	Weekly	Mon	thly Otl	her			
Group size:									
Number of tables needed:		ed:	Round Rectangular				Number of chairs:		
Other equipm	ent: L	ecteri ompt	n uter hook	TV up	VC Projector	R A	I udio	DVD Mark	_ er board _
Will children be present?									
If children are people who ar					Yes	No		_	
propie wito al	• • • • • •								
What are the	names of	' your	r Safe En		nt cleared p	eople?			
What are the	names of	'your	r Safe En		nt cleared p	eople?			
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	names of	' your	r Safe En		nt cleared p	eople?			
What are the	names of f Use:			vironme					

Pastor's Approval: _____ Date: _____