

St. John Nepomucene Catholic Church

Facilities Use Request – Parish Group

Group:			
Event:			
Contact Name:			
Phone:			
E-mail:			
Date(s) requested:			
Time requested:			
Location requested:			
Frequency:	Once Weekly Monthly Other _____		
Group size:			
Number of tables needed:	Round _____	Rectangular _____	Number of chairs: _____
Other equipment:	Lectern _____ TV _____ VCR _____ DVD _____ Computer hookup _____ Projector _____ Audio _____ Marker board _____		
Will children be present?	Yes _____ No _____	How many?	_____
If children are present, do you have enough people who are Safe Environment cleared?	Yes _____ No _____		
What are the names of your Safe Environment cleared people?			
Description of Use:			

Calendar clearance: _____ calendar comment: _____

Safe Environment Approval (if needed): _____ Date: _____

Pastor's Approval: _____ Date: _____

____FB ____FN ____WS _____