

Date of Request: _____
Initials: _____

Facilities Use Request Form
St. Joan of Arc Parish
August 1, 2017 thru June 30, 2018

Office Use: Date Rec'd. _____
Initials: _____

Submit forms by July 15, 2017. Approved forms will be returned by July 30, 2017.

Thank you for your cooperation and care to help better serve all of our needs.

Please do not hesitate to contact your parish Director or Julie Winters, 614-761-0905, ext 303 with questions.

Name of Person Completing Form: _____
Name / Position / Ministry

Cell Phone: _____ Email: _____

St. Joan of Arc Director for your Group: _____

Purpose of Use: _____ **Title of Activity:** _____

(ie. Meetings/Sessions/Storage/Sign-ups/Event /Service/Outreach/Fundraiser/Activity)

of Participants: _____ # of Volunteers: _____ Reservations Required: Y/N

Safe Environment: Does activity involve Youth participants or volunteers? If yes: must be PGC compliant.*

- **First, check all your dates, facilities and times needed against the "parish calendar".**
- **Double Check for Blackout/Reserved Dates.**
- **List alternative dates, facilities, times if your first choices are not available.**

Dates: Meetings: **Start Date:** _____ **End Date:** _____ **Freq:** wkly/mnthly

List all dates /+ alternatives: _____

Event: **Start Date:** _____ **End Date:** _____ **Freq:** wkly/mnthly

Activity: **Start Date:** _____ **End Date:** _____ **Freq:** wkly/mnthly

Narthex Use/6' Table **Dates:** _____ **[Limit 2]**

Facilities: Classrooms # _____ * O = _____ * Church _____ Kitchen _____ *

Times: _____

(If using multiple locations for same request—list times each area will be occupied)

Other (ie. Parking lot, LH atrium, etc) _____

Set-up Requirements: # of round tables: _____; # of chairs @ tables: _____ # of 6' Serving Tables _____

Complete diagram on back—due 30 days prior to Set-Up Date.

Food served? Y/N Catered Event? Y/N - name _____ Beer or Wine Served? Y/N

Times : **Published Start :** _____ **Published End :** _____ Open to Parish? Y/N Public? Y/N

Arrival /Set-up : _____ **Depart / Clean-up:** _____

Set-up/Decorating By Who? _____ Key Needed? Y/N *

Clean-up By Who? _____

Notes: _____

Equipment Needs: Audio/Visual: Y/N _____

Other—please list _____

Additional Notes: _____

Office Use Only:

Date

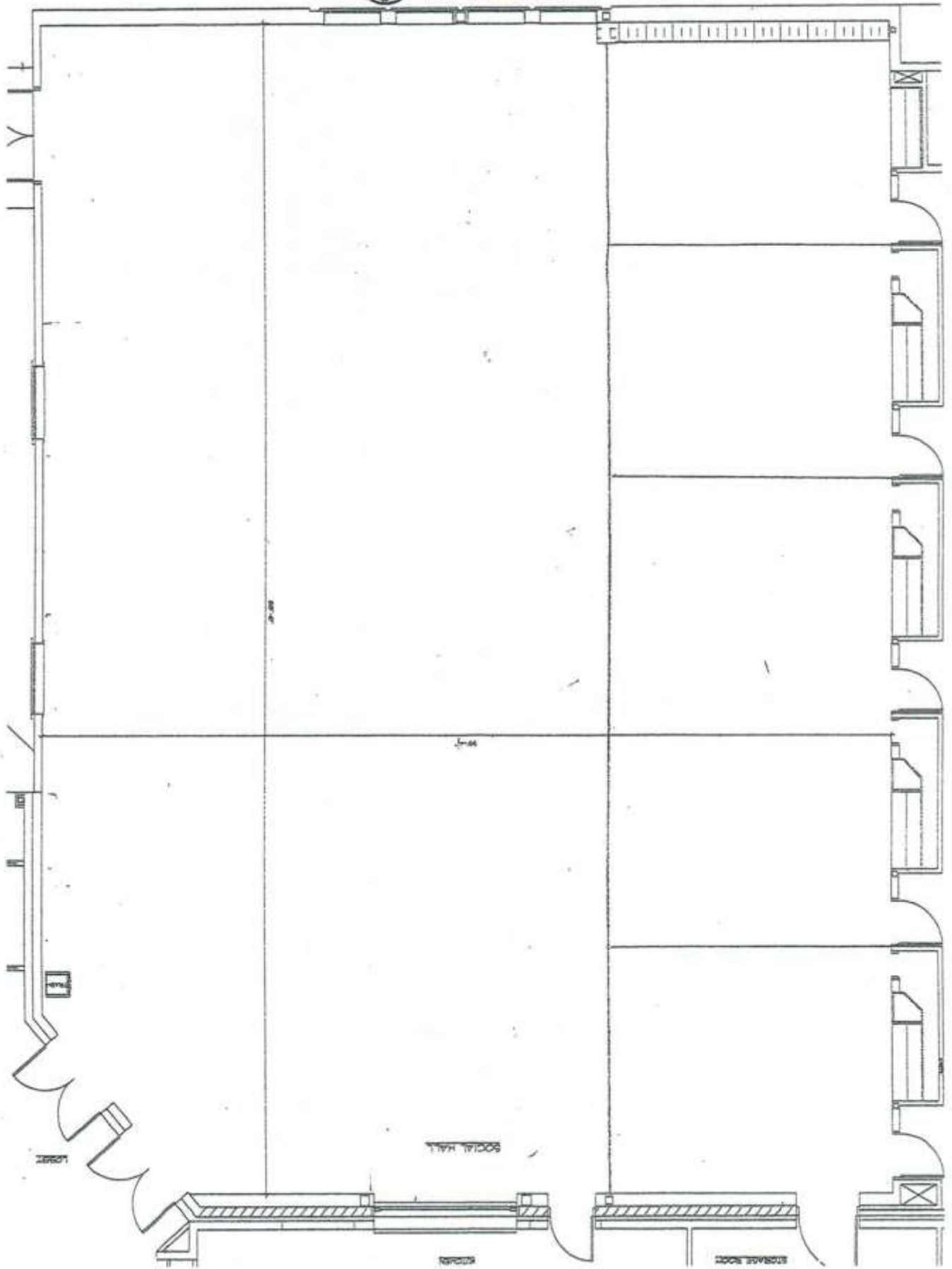
Director Approval

Date Returned

Init.



FLOOR PLAN
SCALE: 1/4" = 1'-0"



SOCIAL HALL

DOOR ENTRANCE

DOOR ENTRANCE