**St. Augustine Catholic Church**

1716 Anderson Pike, Signal Mountain, Tn 37377

423-886-3424

**Facility Use Application**

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| Applications for use of any St. Augustine facility must be submitted at least 2 weeks prior to the event to allow for pastoral approval and adherence to all requirements. (see Facility Use Policy)  Forms may be completed online and emailed to: parishoffice@staugustinecatholic.org |

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| USER INFORMATION | | | |
| Event Sponsor: |  |  |  |

*Last Name First Name Today’s Date*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  |  |  |  |

*Street Address City State Zip Code*

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| --- | --- | --- | --- |
| Contact Information: |  |  |  |

*Home Phone Cell Phone Email Address*

|  |  |  |  |  |  |  |  |  |  |
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| EVENT INFORMATION | | | | | | | | | |
| Individual/Group/Ministry Sponsoring the Event: | | | | |  | | | | |
| Purpose of the Event: |  | | | | | | | | |
| Date(s) of Event: | From: Click here to enter a date.  To: Click here to enter a date. | | | | One-Time Event  Recurring Event  Reoccurs every: Choose an item.  Reoccurs on which day?  Other: | | | | |
| Dates of Event: | Set-Up Time: | | *From:* | | | | | *To:* | |
|  | Event Time: | | *From:* | | | | | *To:* | |
|  | Clean-Up Time: | | *From:* | | | | | *To:* | |
| Facility Requested: | PLC | | | | | Kitchen | Youth Room | | Library |
|  | Classroom  Specify: | | | | | Sanctuary | Outside Area | | Other  Specify: |
| Equipment Needed: | Overhead Projector | | | | | TV | VCR | | Screen |
|  | Microphone | | | | | Podium | Other | | Specify: |
|  | # Round Tables: | | | | | # Rectangle Tables: | # Chairs: | | **Note: User is responsible for own set-up** |
| Event Details: | Are you serving food? | | | Are you serving alcohol?  (‘Yes’ requires Pastor’s approval) | | | Number of expected attendees? | | Will you need a key to facility? |
| Clarifications/Other Information: | |  | | | | | | | |

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| FOR OFFICE USE | | | | |
| Checklist for Approvals: | Reviewed Facility Use Policy with User  *Initials of Office Staff* | Indemnity Coverage Verified  *Initials of Office Staff* | Deposit Received  *Initials of Office Staff* | Donation Received  *Initials of Office Staff* |
|  | Alcohol Use approved by Pastor  *Initials of Office Staff* | Equipment Use Approved by Pastor  *Initials of Office Staff* | **Overall Approval by Pastor**  ***Initials of Pastor*** | |

*Jan. 2014*