**St. Augustine Catholic Church**

1716 Anderson Pike, Signal Mountain, Tn 37377

423-886-3424

**Facility Use Application**

|  |
| --- |
| 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 |

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

  *Last Name First Name Today’s Date*

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

 *Street Address City State Zip Code*

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

 *Home Phone Cell Phone Email Address*

|  |
| --- |
| 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 |
|  | [ ]  ClassroomSpecify:       | [ ]  Sanctuary | [ ]  Outside Area | [ ]  OtherSpecify:       |
| 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:  |  |

|  |
| --- |
| 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*