

HOLY FAMILY CATHOLIC PARISH - FACILITY USE APPLICATION

Date of Application: _____ (Date rec'd in parish office)

Do you regularly attend Mass at Holy Family? _____

Name/Name of Group: _____

Contact Phone Number: _____

Contact Address: _____

Contact e-mail: _____

Name of Event/Purpose: _____ Est. Attendance: _____

Day & Date of Event: _____ From: _____ AM/PM To: _____ AM/PM

Day/Date of Set Up (If needed) _____ From: _____ AM/PM To: _____ AM/PM

Facility Requested:

- | | |
|--|--|
| a. _____ Holy Family Center Hall
_____ Formal Area
_____ Recreational Area | g. HFC Meeting Rooms
_____ #3 _____ #4 _____ #6 _____ #7 _____ #9 _____ #10 _____ #11 _____ #17 |
| b. _____ Kitchen | h. St. Joseph Meeting Rooms
_____ #1 _____ #2 _____ #3 _____ #4 |
| c. _____ St. Mary Hall
_____ East
_____ West | i. _____ Nursery |
| d. _____ St. Joseph Hall | j. Equipment/Other
_____ Sound System—HFC Hall
_____ Projection Screen— HFC Hall
_____ Bar
_____ Other _____ |
| e. _____ Library | |
| f. _____ Church | k. _____ Narthex |

Will alcohol be served? ___ Yes ___ No Bartender Name/Number _____

Will food be served? ___ Yes ___ No Caterer Name/Number _____

IMPORTANT

- **Set-up is completed by reserving group**
- **Clean-up is completed by reserving group (major events are an exception)**
- **Questions, cancellations or rescheduling must be directed to the parish office**

Signature of contact _____ Date _____