ST. MATTHEW'S CATHOLIC CI	HURCH * SAINT JOHN PA	AUL CENTER * FACILIT	TIES USE REQUEST FORM
You must have read and	completely agreed to the Fac	cility Usage Policy found at	www.stmattlgv.com
1 NAME OF INDIVIDUAL / GRO	JP:		
NAME OF EVE	NT:	HOME PHONE	E
RESPONSIBLE CONTACTS NAI	ME:		
CONTACTS E-MAIL ADDRE	SS:	WORK PHONE	
APPROXIMATE # OF ATTENDE	ES:	CELL PHONE	E:
2 EVENT DATE(S) & TIME(S):			
SETUP EVENT: / / day	ACTUAL EVENT:		EANUP EVENT: / day
START TIME: : AM PM	CTADT TIME.	: AM PM	START TIME: : AM PM
END TIME: : AN PM	END TIME	: AM PM	END TIME: : AM PM
3 MORE DATES:			
month day year	month day year	month day year	month day year
HOW OFTEN WILL THIS EVENT OCCUR? (check one): Weekly Monthly Bi-Annually Annually			
4 FACILITIES REQUESTED (check those that apply):			
SAINT JOHN PAUL CENTER St. John Paul Main Hall St. John Paul Room 1 St. John Paul Room 5 St. John Paul Room 6 St. John Paul Room 8 St. John Paul Room 8 St. John Paul Kitchen St. John Paul Stage Picnic Area Parking Lot Sports Fields	MAIN PARISH BUILDING Parish Hall Chapel Parish Hall Kitchen Church Church Grounds Church Parking Lot Nursery (Room 5) Room 13 Com 14	FAITH FORMATION CENTER Room 22 Room 29 Room 31 Room 37 Library Copier Room Image:	Will there be music at this event?yes,no If yes, the form for Band/DJ must be filled out <u>SOUND SYSTEM</u> Parish Sound System and Microphones are NOT available Bring Sound System Amplifier # Bass Speakers # Indoor Speakers # NO Outdoor Speakers
 5 EVENT ACTIVITIES: Will food and non-alcoholic beverage be served? (check one): YES NO Will alcohol be sold? YES NO Will alcohol/beer be served to adults 21 & over? (check one): YES NO IF YES, TABC PERMIT REQUIRED! 6 ACKNOWLEDGEMENT: By Signing this request form, you as the responsible party have read, understood, and agreed to the St. Matthew's Facility Usage Agreement, of which contains important City and State Ordinances. If these rules are not followed, you and your party will be held responsible by the appropriate local and/or State authorities. 			
THE FOLLOWING SECTION IS FOR OFFICE USE ONLY			
	year NO Cash Check NO Cash Check FACILITY	Returned Not Re TOTAL \$	eturned \$ APPROVED?: □ YES
OFFICE:	MANAGER:		