

COKAS Facility RESERVATION FORM

TODAY'S DATE _____

Please complete the Reservation Form with as much advanced notice as possible prior to event/meeting date and return it to the parish office or email to cokas.reception@gmail.com as an attachment. A response will be returned to you via email within 7 days of receipt of reservation form. Liturgy takes precedence over all events.

Event: _____ **# Participants** _____

(All sales will take place in the Social Hall after mass)

Ministry/organization: _____

Person(s) responsible for Event _____

Contact information: Home # _____ Cell # _____
Email _____

Person Responsible for Clean-up: _____ **Contact info:** _____

Person(s) responsible for clean-up will be contacted by office regarding required training for use of kitchen equipment prior to approval of reservation. Please make sure all clean up is completed by the end of your event (date on reservation form). Clean up includes removal of all food not consumed at your event (including items in the refrigerator). Please leave area clean and in the same condition as you found it.

Date(s) and Time of Event: _____

Access Date(s) and Time: _____

Location(s): Sanctuary Kitchen Social Hall Pavilion PLC Other (specify)

Outside the Front of the Church Other: _____

Alcohol: Will alcohol be served at this event No Yes **If yes please contact Bus. Mgr.**

Physical needs: (All items must be set up/cleaned up by person(s) responsible)

_____ # of table(s) _____ # of chairs _____ Other (Specify) _____

Kitchen Use: No Yes Using caterer **(Additional info required)**

(If yes, you will be contacted for required training)

(Refrigerator/Food storage can be brought in the day of the reservation and must be cleaned out at the time the event ends)

Linen Tablecloths: No Yes

ALL linen tablecloths must be cleaned, wrinkle free and hung back in CCW Room located in the Social Hall within a day of event.

Bulletin: please email article exactly as you want in the bulletin. It may need to be edited due to space limitations. Deadline for bulletin submission to the office is two weeks prior to Sunday you want the article published.

Date of Bulletin Announcement _____

(Limit to two bulletin dates)

Building Access: (turn over to see additional key agreement)

Key Card required: **Yes or No**

If yes, key card may be picked up the day before the access date in office between 9am-2pm, or the Friday before if the event is held on the weekend.

Who will be signing for key card? _____

Contact information if different from above _____

4/27/2016

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Use of key cards and/or door keys requires approval from the office through the completion of this form. There will be an annual renewal of key cards each year on December 1.

Check and complete as applicable.

Name _____ Ministry/Group _____

Reason for Access _____ Date _____

AGREEMENT

I have read and agree to the following requirements for receipt of a parish electronic key card and/or interior door key under the status noted above:

- Cards and keys are signed out only from the parish office to an adult and only for the applicable period.
- **Cards and keys are not transferable between individuals and are not to be passed to another "user."**
- Each card and/or key must be returned immediately after a status change under which use of the card/key is granted, after a one-time use event or meeting, or if no longer a member of the parish.
- This agreement must reflect the current user of the card/key who is responsible for all use of the card/key.
- All card use is recorded and is monitored.
- Misuse of the privilege of using a card/key will result in review of continued issuance.
□ A lost card or key will incur a \$20 fee.
- Cards will be de-activated if not returned by the expiration date and incur a \$30 fee to reactivate.
- Failure to return a card/key by the expiration date will jeopardize future issuance.

OFFICE ONLY

_____ **Electronic Key Card** **Card #** _____ **Building Door Key** _____

Access Level _____ Date scheduled to be returned _____

Signature of Grantee

Date

Initials of who issued

Reservation Accepted: **Yes** **No** **Date** _____

PLEASE CHECK IF YOU HAVE REVIEWED :

Administration

Maintenance

Bus. Mgr.

Response (Please Check)

Emailed or Phone

Date _____

AFTER EVENT CHECKLIST:

ADMINISTRATION

Key Return

MAINTENEANCE

Reviewed

Additional Comments _____

BUSINESS

Reviewed

4/27/2016

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