

**St. Charles Borromeo Catholic Church  
Facility Use Request Form (Meetings, Events and/or Fundraisers)**

**Please Submit one form for each event.**

Facility requests should be submitted no later than the second Wednesday of the month prior to the planned activity. **Rooms will not be scheduled until approved by the Stewardship Committee.** Notification of facility availability will be provided following the regularly scheduled monthly meeting of the Stewardship Committee.

In order for any event to be approved it must meet at least three of the following criteria (check which three apply):

- Event will result in the increase of membership in the group
- Event will result in a net increase of finances
- Event will result in a positive and additional public exposure to the parish community and to the community at large
- Event will encourage and involve new leadership within the group

Name of Group/Lessee: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Proposed Event: \_\_\_\_\_

*All proposed date and times are subject to availability.*

Event Date and Time	Pre-event Fundraising (ticket sales, etc.) Date and Time
1 <sup>st</sup> choice:	1 <sup>st</sup> choice:
2 <sup>nd</sup> choice:	2 <sup>nd</sup> choice:

**Space(s) requested (check all that apply):**  Church Entrances  Activity Center  Kitchen

Beckman Hall  Meeting Room # \_\_\_\_\_

Number of people expected: Adults \_\_\_\_\_ Children \_\_\_\_\_

Setup date/time: \_\_\_\_\_ Duration: \_\_\_\_\_ hours

Event date/time: \_\_\_\_\_ Duration: \_\_\_\_\_ hours

**(NOTE: Usage is subject to change in the case of a parish event according to the “priority” established in # 4 of the “Facility Usage Policies.”)**

Will you have a raffle? (Select one)  Yes (provide details below)  No

What will you raffle? \_\_\_\_\_

How will you use the money raised? \_\_\_\_\_

Will you charge people or sell tickets to attend the event? (Select one)  Yes  No

Will alcohol be served or sold? (Select one)  Yes  No

(If yes, you are required to pay for and have a police officer at the event. We make the arrangements.)

Will you have items for sale? (Select one)  Yes (provide details below)  No

What will you sell? \_\_\_\_\_

How will you use the money raised? \_\_\_\_\_

What is your projected income? \_\_\_\_\_

What is your primary fundraising focus? (Select all that apply)  School  Parish

Approved by the Stewardship Committee	Yes	No
Date _____	Signed _____	
Notes _____		
_____		

**All payments are due one month prior to the scheduled event. When making payments please make separate payments for applicable items as listed below.**

Room deposit, (check payable to St. Charles) \_\_\_\_\_  
The room deposit will be held in safekeeping until after the event and is refundable unless there has been damage or additional payment is due.

Room usage fee, (check payable to St. Charles) \_\_\_\_\_

Facility supervisor, (check payable to supervisor) \_\_\_\_\_

Police Security-if applicable, (check payable to officer) \_\_\_\_\_

Event insurance, (check payable to Archdiocese of Oklahoma City) \_\_\_\_\_

Room deposit of \$ \_\_\_\_\_ received on \_\_\_\_\_ by \_\_\_\_\_

Balance of fees of \$ \_\_\_\_\_ received on \_\_\_\_\_ by \_\_\_\_\_