

#### IV. ST. MARY PORTAGE CATHOLIC CHURCH BUILDING USE FORM

Date of Event \_\_\_\_\_ Size of Group \_\_\_\_\_

Space Requested \_\_\_\_\_

Group/Organization Purpose \_\_\_\_\_ Parish Sponsored \_\_\_\_\_ Non-Parish Sponsored \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_

"Point Person" for Clean-up \_\_\_\_\_ Telephone \_\_\_\_\_

Hours Requested: From \_\_\_\_\_ To \_\_\_\_\_ Set-Up Date/Time \_\_\_\_\_

Equipment Requested \_\_\_\_\_

# Tables (Long) \_\_\_\_\_ # of Chairs \_\_\_\_\_ Sound System \_\_\_\_\_ Microphone \_\_\_\_\_

Note: Any equipment or items brought in will need prior approval by Facilities Coordinator.

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Please initial checked items and return to Facility Scheduling Coordinator @ St. Mary, Parish.

I have read and fully understand the Facilities Use Policies for St. Mary Parish and agree to abide by these policies. All the information provided by me is true.

Facility Use/Indemnity Agreement (To Be Signed & Returned)

Certificate of Insurance: Either thru St. Mary Parish **OR** Own insurance

Adult Hold Harmless/Indemnity Agreement (vendors & adult athletics)

Vendor Fair Agreement

\$250 Refundable Security Deposit

Rental payment of: \_\_\_\_\_ (Received check # \_\_\_\_\_)

Event Organizer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Key # Issued** \_\_\_\_\_

**Key Card Issued** \_\_\_\_\_