

**Our Lady of the Lake Roman Catholic Parish
Facility Use Form – Ministries**

New Application <small>Today's Date:</small> _____	Change Application <small>Indicate what is changing from what date to new date You may EMAIL ANY CHANGES TO: RBRINDIS@ourladylh.org</small>	Cancel Application <small>Date of original request:</small> _____
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Ministry Name _____ Your Name _____

Contact person _____ Telephone # _____
Name & Address

EVENT/ACTIVITY TITLE: _____ \$ _____
***** Event is not to be advertised or held until approval is received*** REFUNDABLE DEPOSIT DATE \$ RETURNED**

PURPOSE OF EVENT: _____
 Date Needed: _____ Day: S M T W Th F Sat HOURS _____ to _____
Day, Month, Year Circle Appropriate (include am or pm)
 ⇒ (Remember - If you set-up one day and the event is held the next day, **both dates MUST be requested**).

EVENT START TIME: _____ Number of People expected _____

Wedding and Quinceanera: Mass _____ Celebrant _____

Which Building? - **JPHI-** House Garage Both -**St Joseph Hall** -**Grass Area in front of church**
CIRCLE OR CHECK YOUR CHOICE (Tents are not to be used unless approved)

- **Holy Family Parish Center**

Main Hall	Kitchen	Classroom 1	Classroom 2
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(Classrooms 3,4,5,6,7,8, and Gathering Room are not available.)

- **Church**

St Thomas More Room	Narthex	Information Booth	Cry Room	
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Parish Office Conference Room

Parking Lot

North of Holy Family Parish Center	South of Holy Family Parish Center
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Signature of person completing this form Dated

Ministry Chair's Signature Required Print Ministry Chair's Name

Ministry Chairperson not available Front Office received Email with Approval

Please submit completed Facility Use Form, including the Set-Up Schematic at least **TWO** weeks prior to your event. *Recommended: 30 days in advance to ensure availability.*

FOR OFFICE USE ONLY	Needs Pastor's Approval	Approved by _____ Date: _____	
Notify Religious Ed	Notify Maintenance	Notify Liturgy/Music	
Calendar Posted	School	Mass/Reserve	Advise Contact Person
AVAILABLE		NOT APPROVED/ NOT AVAILABLE	

Our Lady of the Lake Roman Catholic Parish

SET-UP WORK ORDER FORM

The following information is necessary to make your event a success. If this form is not submitted with the Use of Facility Form, please submit to the Parish office at least two (2) weeks in advance of your planned event, preferably thirty (30) days or more to ensure availability. Your cooperation is greatly appreciated.

Organization Name: _____ Event: _____

Date of event _____ Time event begins _____ # Attending event _____

PURPOSE OF EVENT: _____

KEYS – Arrangements need to be made to obtain a key to the facility requested. *YOU are responsible for securing the facility if you are the last one in the building.*

Please be sure to check the locking schedule for your booked location:

Church	Church & Sacristy	Holy Family P. Center	St. Joseph Hall
Open- Close-	Open- Close-	Open- Close-	Open- Close-

Person obtaining key _____ Person returning key _____

**⇒ Each Ministry is responsible for their own equipment ⇐
and table and chair set up.**

**The Maintenance Department will be responsible for placing the equipment
and furniture inside your chosen facility.**

EQUIPMENT NEEDED – include numbers

Tables #	Chairs #	Sound: Wiring:	DVD Player	Microphone
Podium	TV	BBQ	Pull Down Screen	Projector
Linens	Canopy	Stage set-up Need Permission!	Parking Lot lights delayed past 9 pm	

STAGE SET UP PERMISSION APPLIED FOR: _____ GRANTED: _____

PROCEDURES FOR SOUND SYSTEM, DVD, MICROPHONE, LOCKING, LIGHTING are listed as a separate handout below - - see attached Handouts.

Table/chair arrangement, equipment – Please use the layout schematic to draw up your arrangement of furniture. DO NOT DRAG THE TABLES.

The Maintenance Department DOES NOT work on Saturday and Sunday. It is necessary for the facility to be returned to original set up, and cleaned for your deposit to be returned.

PLEASE FOLLOW THE GUIDELINES and EXIT CHECKLIST. THANK YOU!

CLEAN UP AND EXIT CHECKLIST:

Clean up - Same day as event

Extra time NEEDED (only IF AVAILABLE).

Completed _____
DATE

Extra clean-up time completed.

YOUR person in charge of clean-up _____

CONTACT # _____

A PARISH OFFICE MEMBER WILL HELP YOU COMPLETE THIS FORM, FOR FULL REFUND OF YOUR DEPOSIT

STAGE Disassembled - People responsible _____

All decor and food service equipment removed.

All trash bags/trash removed to trash bin or RECYCLING.

Bathrooms cleaned - TRASH BINS EMPTIED, Counters wiped.

Kitchenette counters cleaned, sink empty.

Floors in Hall and Bathrooms swept and mopped.

Windows/Doors free of hand/fingerprints and stains

Ministry Bins RETURNED TO assigned shelf space.

BBQ GRILL cleaned

Cleaning supplies, towels returned to shelves, laundry bins.

Wiring, extension cords rolled up, claimed or returned.

Electronics: TV, DVD, Screen, Microphone undamaged

Tables _____ Chairs _____ Linens _____

Inventoried by _____

Damages noted _____

Submitted for Review _____

Staff member signs this off

Deposit Returned _____
DATED

Deposit retained

Remediation granted by Pastor. COMPLETED _____

Staff Member signs this off

NOTES: