



Holy Innocents Catholic Church

Facility Reservation Form

(Submit Form to Parish Office - 60 Days In Advance of Event)

Completion & signature of the Pastor on this form does not ensure approval or availability Parish wide activities take precedence. (Diocesan, Vicariate, Faith Formation, Youth Schedule, Holy Days, etc.)
 * Approved scheduled date/room may change.

1. MINISTRY/ORGANIZATION <input type="checkbox"/> Faith Formation <input type="checkbox"/> Parish Grp. /Ministry <input type="checkbox"/> Outside Grp. /Ind. <input type="checkbox"/> Visiting Priest 2. Event Name (Description to be used for online and printed calendar) <input type="checkbox"/> Special Event Fee PD <input type="checkbox"/> Kitchen Use Fee PD How many participants: _____ (if unknown, pls. estimate amount)	3. Date(s) of Event <input type="checkbox"/> Dates Attached Date & Time available on the Specified Date(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No 4a. Time that you require the facility assigned: (Please <u>include</u> set-up and clean-up on the time schedule) SET-UP Start: _____ am/pm Clean-up: Stop: _____ am/pm EVENT Start: _____ am/pm Stop: _____ am/pm 4b. Audio/Visual Equipment Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Projectors <input type="checkbox"/> Wireless Microphones <input type="checkbox"/> Choir System (soundboard, wired microphones, plug in instruments)
--	---

5a. Project Leader: _____ **5b. Secondary Contact:** _____
 Phone/Ext: _____ Phone/Ext: _____
 Email: _____
5c. Will any children be present? No Yes
 If yes, provide name of Assigned Supervisor _____ Background checked? Yes No

6. SPACE REQUESTED

- *ARCHANGEL ROOMS: (Saturday hrs. 8 A.M. -2PM Only) AA - (All) Cry Rooms St. Gabriel* St. Michael* St. Raphael*
 St. Luke* St. John* St. Matthew* St. Mark* Narthex (Lobby) Courtyard Sts. Peter & Paul* Kitchen Church
 EX (All Exits) (M/M Hall Exit) (L/J)-Hall Exit Dirt Lot (South) NWP (Dirt Parking Lot) Parking Lot Other _____

ROOM AVAILABILITY: ALL classrooms are reserved for Rel. Ed from 3:00 P.M. - 8:30 P.M. (Monday - Thursday from August thru May.)

7. Event/Meeting Schedule <input type="checkbox"/> Date Range: If this is a regularly scheduled recurring meeting, please indicate the frequency: _____ Through _____ <input type="checkbox"/> Weekly, every: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday (OR) <input type="checkbox"/> Date(s) of the month: _____ <input type="checkbox"/> Skip Months: _____ <input type="checkbox"/> First <input type="checkbox"/> Sunday <input type="checkbox"/> January <input type="checkbox"/> July (Dark Month) <input type="checkbox"/> Second <input type="checkbox"/> Monday <input type="checkbox"/> February <input type="checkbox"/> August (Dark Month) <input type="checkbox"/> Third & <input type="checkbox"/> Tuesday <input type="checkbox"/> March <input type="checkbox"/> September <input type="checkbox"/> Fourth <input type="checkbox"/> Wednesday <input type="checkbox"/> April <input type="checkbox"/> October <input type="checkbox"/> Last <input type="checkbox"/> Thursday <input type="checkbox"/> May <input type="checkbox"/> November <input type="checkbox"/> Other <input type="checkbox"/> Friday <input type="checkbox"/> June (Dark Month) <input type="checkbox"/> December <input type="checkbox"/> Saturday	8. Event/Meeting Time <input type="checkbox"/> After Every Mass (Saturday & Sunday) <input type="checkbox"/> Saturday Mass Only <input type="checkbox"/> All Sunday Masses Only Saturday Masses: English: <input type="checkbox"/> 4:00 pm (Vigil) Sunday Masses: English: <input type="checkbox"/> 8:00 am <input type="checkbox"/> 10:00 am Spanish: <input type="checkbox"/> 12:00 pm <input type="checkbox"/> 2:00 pm <input type="checkbox"/> 5:00 pm (Please mark one) <input type="checkbox"/> During <input type="checkbox"/> Before / <input type="checkbox"/> After <u>Or</u> <input type="checkbox"/> Both (Before & After)
---	--

9. EVENT DETAILS

Describe the Following:
 Will there be a speaker at this event? Yes No (If yes, please mark the following)
 Diocesan Speaker Diocese/Pastor's Letter of recommendation provided? Yes No
 Outside Speaker Speaker Cleared by the Chancellor? Yes No

10. Type of Event, Solicitation or Activity
 (Special Event, Food/Bake Sale, Meeting, Retreat, Raffle Ticket Sale, Flyer Distribution, etc.)

 Is this a fundraiser? Yes No
 (If yes, please complete the Fundraising Approval Request Form)

*By signing this request, the leader commits to conducting an event in a manner respectful of worship, parishioners, and staff members, and promises a timely return of the designated space and equipment to a clean and orderly state. See Parish Policy Guidelines for more information.

11a. Signature of Responsible Leader _____ **11b. Today's Date** _____

Pastor's Approval: Date/Space Request: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> Schedule Appointment Audio/Visual Request: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> Schedule Appointment	Date: _____ Date: _____ Time: _____ Calendar Updated: <input type="checkbox"/> Online	OFFICE USE ONLY Entered By: _____ (Initial)
--	--	--



Holy Innocents Catholic Church Fund Raising Approval Request Form

(Submit Form to Parish Office - 60 Days In Advance of Event)

Completion of this form does not ensure approval or availability

1. MINISTRY/ORGANIZATION:

2. Today's Date:

All fundraising activities must first be approved by the Parish Priest and will not be scheduled without prior approval. In addition to completing this form, please fill out the appropriate Holy Innocents Facility Reservation form for space request.

3. **Purpose for Usage / Activities Anticipated:**

4. **Who will this Activity Benefit:**

Holy Innocents Church Parish Ministry OR An Outside Organization Who? _____

5. **If Activity Benefits Holy Innocents, does it:**

Fund a Church Budgeted Item OR Supplement a Budgeted Item

6. **What is the Financial Goal of this Activity?** (amount of money or goods) _____

7. **Will food or beverage be sold as part of this fundraiser?** Yes No

8. **Will other non-perishable merchandise be sold?** (Rosaries, candles, key chains, craft items, etc.) Yes No

If yes, what items will be sold? _____

9. **Will tickets be sold as part of this fundraiser?** Yes No

10. **Do you require church space to sell tickets?** Yes No (Please indicate on Facility Reservation Form when & where)

Our Parish Mission Statement

Holy Innocents Church is a diverse Catholic Faith community, alive in the Holy Spirit and united through prayer and worship. Inspired by Jesus Christ, we are dedicated to living out the Gospel through Eucharist, service, evangelization, and the celebration of your talents and diversity.

11. **How does This Activity Serve our Parish?**

By signing this request, the leader commits to conducting an event in a manner respectful of worship, parishioners, and staff members, and promises a timely return of the designated space and equipment to a clean and orderly state. See Parish Policy Guidelines for more information.

12a. **Signature of Responsible Leader:** _____ 12b. **Date:** _____