

# St. John the Baptist Facility Reservation Request

This form is intended to be submitted via email or postal mail only. DO NOT Fax this form.

Please complete this electronic form and press the submit button on the upper right corner. This form will be transmitted to the business office via email for review. You may print this form for mailed delivery.

Reservations are calendared on a first-come, first-served basis and submission of a request does not guarantee the date or location requested.

## St. John the Baptist Catholic Parish/School is a smoke-free facility.

Today's Date:  Date(s) Requested:  Rooms Requested:

Parish Group?  Non-Parish? Name of Parish Group and Event:

Non-Parish Organization and Event:

St. John's School Group? Principal's Signature: (Required for school groups)

# of Participants:   Is Liquor Being Served? Publicized Hours of Event:

Actual Time In:  Actual Time Out:  This includes time required for set-up/decorating and clean up/returning room to original condition - required by all groups.

A reservation is not entered onto the St. John's calendar until all documents, forms and fees have been received by the parish office and have been approved. A notification of approval will be given to the reserving party at the point a reservation becomes recorded. Should a user group not be in receipt of a confirmation of reservation prior to the time of their event, it is the requesters responsibility to follow up on the status of their request.

The undersigned, described as "requester", have read the expectations listed herein and in the St. John the Baptist Facility Usage Policies and Procedures booklet, agree that they are reasonable, and that in exchange for the use of the premises they will abide by and meet the stated expectations without exception. It is further agreed that all activities will be conducted in a safe, moral and lawful manner. The signer further agrees that he/she has been given the authority to obligate the group/organization to these stated requirements.

Requester Name: (The printed name constitutes an electronic signature)

Date of Electronic Signature:  Title of Requester:

Mailing Address:

Phone:  Alternate Phone:

### Rental Approval: Office Use Only

St. John the Baptist has agreed to the above rental with any changes or corrections deemed necessary by St. John's office staff, provided all expectations are fully complied with by the renter. Any changes shall be noted above. It is also affirmed that the renter has provided and returned all necessary documents, agreements, and fees required for accepted use of St. John the Baptist facilities.

Received by (signature): \_\_\_\_\_ Approval Signature: \_\_\_\_\_  
*Business Administrator*

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

The following fees have been agreed to by the Business Administrator or Pastor:

\$ \_\_\_\_\_ Deposit/Date Rec'd: \_\_\_\_\_ \$ \_\_\_\_\_ Rental Fee(s)/Date Rec'd: \_\_\_\_\_ (required a min. of 3 days prior)

\$ \_\_\_\_\_ Ins. Fee/Date Rec'd \_\_\_\_\_ \$ \_\_\_\_\_ Damage Deposit/Date Rec'd: \_\_\_\_\_

Forms Rec'd with Date: \_\_\_\_\_ Homeowners Binder \_\_\_\_\_ CM Application for Coverage \_\_\_\_\_ Liability Control Waiv

Please note: Use the space provided page two any special set-up requirements. Additional fees may apply.  
All weekend reservations for the Gathering Place will require payment of custodial fees to prepare for Sunday's.

## Special Room Set-up Requirements (if any):

There may be fees assessed for additional set-up or equipment requirements.

Please refer to the Policies and Procedures booklet for a complete listing of scheduled fees.

Additional  
Setup  
Requested:  
(Please list all  
set-up and  
equipment  
requests in the  
space  
provided.)