



Immaculate Conception Facility Reservation Request

Date Requested: _____

Beginning Time / Ending Time: _____

Set Up Time: _____

Number of People Expected: Adults: _____ Children: _____

Parish Group: _____

Contact Person: _____ Daytime Phone: _____

Email Address: _____ Evening Phone: _____

Activity Description: _____

Will there be food/drink? Yes No

Space Requested:

Church Parish Hall – All, 1/3, 2/3 ICS Classrooms

Church Grounds Parish Library – All, 1st floor, 2nd floor ICS Computer Lab

Adoration Chapel Parish Office – Sitting Room (large) ICS Library

Athletic Fields Parish Office – Dining Room (large) Auditorium

Gym Parish Office – John Paul Room (small) Cafeteria

By signing this form you and your group are responsible for:

- Setting up and breaking down of tables, chairs, etc.
- Supplying your own paper products and utensils.
- Gathering all trash and boxes and taking them out to the dumpster.
- Removing all food and serving items from the rooms and kitchen.
- Sweeping the floor and wiping up any spills; Cleaning the tabletops and kitchen equipment.
- Closing and locking all door and windows; Turning off all lights.
- Tape and/or tacks are not to be used on the walls.

Signature of

Contact Person: _____ **Date:** _____

The reservation form must be signed and approved before an event will appear on the calendar. The Parish Office will notify you after this form have been received and reviewed as to whether your event has been approved or declined.

For Office Use Only

Received date: _____

Approved and entered on calendar by: _____

Date: _____