

**Saint Patrick Catholic Church
Family Life Center – Facility Use Request**

This form is to be completed by the person who will be the Responsible Party for this reservation.

I/We hereby request the use of the Family Life Center as indicated below:

Individual Making the Request _____

Phone _____ **Alt. Phone** _____ **Email:** _____

Address: _____

Check one:

- This request is for a private individual/family**
 This request is on behalf of a church or organization
(Complete Church and/or Organization name, address, and phone as follows)

Church and/or Organization: _____

Address: _____ **Phone:** _____

Date(s) Requested _____

Beginning time: _____ **Ending time:** _____ (including set-up and clean-up)

Space being requested (check all that apply): **Main Lobby** **Gymnasium**
 Locker Rooms **Family Life Room** **Conference/Meeting Room**

Describe the activity or event for this request:

How many people do you expect for this event? _____

Will food or drink be served at this event? **Yes** **No**

If Yes, please describe

If this request is approved, I/We agree to abide by the FLC Procedures and Policies, to assume financial responsibility for all damages resulting from our use, to execute the User Agreement, and complete the User Orientation.

Responsible Party (print name) _____

Signature of Responsible Party _____

Date _____