

St. Mary's – St. Clair
Parish Facility Use Form

Name of Organization: _____

Organization Representative (O.R.): _____

Daytime phone: _____ Evening phone: _____

Parish Activity: (Bulletin article must accompany form - electronically)

Non-Parish Activity: MCC Insurance required: Date Paid _____ Check # _____

Date of Use: _____ Time _____ Number of Guests _____

Equipment: _____

Room(s) Used : _____

All events/meetings will be assigned a room or rooms. Rooms will remain set up AS IS. If a specific layout is needed – a diagram must accompany this form. Pending approval, if additional tables/chairs are needed, the O.R. will be given access. The O.R. will be responsible for setting up and returning the room(s) to their original layout.

In accepting responsibility for the use of St. Mary's Parish, I agree to check the following before leaving the premises in each of the rooms used:

Additional Items for Kitchen Use

- | | |
|---|---|
| <input type="checkbox"/> All lights turned off | <input type="checkbox"/> Any Utensils cleaned and put away |
| <input type="checkbox"/> All windows closed and secured | <input type="checkbox"/> Counters washed |
| <input type="checkbox"/> No running water | <input type="checkbox"/> Floor mopped |
| <input type="checkbox"/> All doors locked & firmly secured | <input type="checkbox"/> All food removed from refrigerator |
| <input type="checkbox"/> Floor swept | <input type="checkbox"/> Garbage taken out to dumpster |
| <input type="checkbox"/> Equipment put away properly
(this includes balls, scooters, etc.,
in the gym equipment room) | <input type="checkbox"/> New trash bags put in garbage receptacles
(bags can be found in maintenance room) |

I understand that the maintenance staff will verify that these concerns are met and will report via this form any infractions they find. Use of the facility is strictly limited to the room(s) requested. No one is to be roaming the building. Any non-compliance of these requirements will result in termination of future use.

Signature: _____ Date: _____
(Organization Representative)

Custodian Signature: _____ Date: _____
(Please return this form to the Parish Office upon completion of inspection)

Pastor Approval: _____ Date: _____