



ST. JOHN VIANNEY COMMUNITY CENTER
(SJVCC)
Facilities Request/Rental Request Form

Today's Date: _____

Name of Requestor: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Event Dates: _____

Start Time: _____ End Time: _____

What time would you like to decorate? Date: _____ Time: _____

Type of Event: _____

Approximate Number of People who will be attending: _____

Rooms Requested: _____

Will Food Be Served: _____

What time will your Caterer, Cook or Food Servers arrive? _____

Will Alcohol Be Served: _____

What time will Alcohol be served? From: _____ To: _____

What time will your DJ, Band or Entertainment arrive? _____

What time will everyone (Family, Friends, Guests, Caterers, Cooks, Food Servers, DJ, Band and Entertainers) leave SJVCC (including all their property)? _____

Contact Name: _____

Contact Phone Number: _____

Special Provisions/Requests: _____

Other: _____

Parish/School Event: Yes / No; If yes, approving signature: _____