



ST. JOHN VIANNEY PARISH

Facilities Request/Rental Request Form

Today's Date: _____

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Type of Event: _____

Building/Room Requested: _____

Approximate Number of People Attending: _____

Event Dates: _____

Start Time: _____ End Time: _____

(Event must end no later than 12:00am)

When would you like to decorate? Date: _____ Start Time: _____ End Time: _____

Will Food Be Served: _____

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

Will Beer___/Wine___ Be Served (No Hard Liquor Allowed): Yes___ / No___

What time will Beer/Wine Be Served? From: _____ To: _____

(Beer/Wine service must end 1 hour before event ends and no later than 11:00pm)

What Type of Entertainment: _____

(No Large Bands, Banda or Groups of Entertainers; size limited to two persons)

What time will your Entertainers arrive? _____

What time will everyone exit/leave the building (including all Family, Friends, Guests, Caterers, Cooks, Food Servers, and Entertainers, including all their property)? _____

Contact Name: _____

Contact Phone Number: _____

Special Provisions/Requests: _____

Other: _____

Parish___ or School___ Event: Yes___ / No___;

If yes, approving signature: _____