

ST. THOMAS AQUINAS CHURCH & CATHOLIC STUDENT CENTER

FACILITY USE RESERVATION

Today's Date

Date of Event

Name of User ... Group (or Individual)

Occasion or Event

Room(s) to be reserved

Person Responsible for the Event
 (PRINT clearly)

Size of Group

Name _____

START: _____ END: _____
Starting and Ending Time of Event

Address _____

_____ TO _____

Phone # _____

Actual Time Facility needed (for Set-up/Clean-up)

email _____ @ _____

=====

EQUIPMENT NEEDED:

- _____ Tables # _____
- _____ Chairs # _____
- _____ VCR/TV
- _____ Film Projector/Screen
- _____ Overhead Projector/Screen
- _____ sound system
- _____ Coffee Pot(s)
- _____ Other – specify: _____

For the use of the room, I place in deposit with the church \$_____ and I understand that the deposit will be used for cleaning fees in the event the room is not left in the same condition in which it was found—clean & orderly. I also agree to return all church property to the places and people from which they were provided. The staff contact person has adequately explained guidelines pertaining to my group's use of STA facilities to me.

signature

date

OFFICE USE

___ DEPOSIT _____ returned _____

Clean up adequate: YES NO

Problems:

___ FREE WILL OFFERING \$ _____

STA Staff contact _____

LIABILITY INSURANCE

___ special events coverage NOT needed

___ application to archdiocese

___ certificate provided:

___ ISU Risk Management

___ **Liability waiver signed**