

# Prince of Peace BUILDING USE REGISTRATION

**Group /Organization or Event** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Purpose of request** \_\_\_\_\_

## Single Event or Meeting

Day/s & Time \_\_\_\_\_ Hours of event \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

No activities run concurrent with Reconciliation or Mass Times.

Time room to be open \_\_\_\_\_ Number attendance expected \_\_\_\_\_

Any fee, charges, donations or money being exchanged?  Yes  No

Is alcohol being served?  Yes  No

Is food being served?  Yes  No

Is kitchen permit needed?  Yes  No

Name of Caterer \_\_\_\_\_ Phone number \_\_\_\_\_

Equipment needed:

Microphone (with permission) \_\_\_\_\_ Podium \_\_\_\_\_ Television \_\_\_\_\_ Black or dry erase board \_\_\_\_\_

Number of 8' tables \_\_\_\_\_ Chairs requested at each table \_\_\_\_\_ (Room count of 299 requires 8 per table)

If there is a change of date or cancellation I will contact the parish office at least 10 days prior the event. If you have ANY questions please call the parish office at (231) 744-3321.

The undersigned is at least 21 years of age and is a parishioner of Prince of Peace Catholic Church. He/she agrees to read and abide by the rules and conditions set forth by Prince of Peace Catholic Church. The undersigned agrees to be responsible for complete supervision of all parties participating in this activity. It is further agreed that the character of the entertainment/meeting will conform with Christian values and is compatible with our mission statement as a faith community.

Signature of Responsible Party \_\_\_\_\_ Printed Name \_\_\_\_\_

Any special instructions or requests for Maintenance/Housekeeping

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Bottom Portion for Office Use Only

Date request received \_\_\_\_\_ Room Assigned \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Pastoral Approval \_\_\_\_\_ Date \_\_\_\_\_

Deposit Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Rental Paid \_\_\_\_\_ MCC Ins Paid \_\_\_\_\_

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**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Purpose of request**  
\_\_\_\_\_

## Multiple or Series of Meetings

*Dates Requested*

Every \_\_\_ First \_\_\_ Second \_\_\_ Third \_\_\_ Last \_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Event runs through the following months:

1  2  3  4  5  6  7  8  9  10  11  12

Any fee, charges, donations or money being exchanged?  Yes  No

Is alcohol being served?  Yes  No

Is food being served?  Yes  No

Is kitchen permit needed?  Yes  No

Name of Caterer \_\_\_\_\_ Phone number \_\_\_\_\_

Equipment needed:

Microphone (with permission) \_\_\_\_\_ Podium \_\_\_\_\_ Television \_\_\_\_\_ Black or dry erase board \_\_\_\_\_

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Any special Instructions or requests for Maintenance/Housekeeping

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bottom Portion for Office Use Only

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date request received \_\_\_\_\_ Room Assigned \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Pastoral Approval \_\_\_\_\_ Date \_\_\_\_\_

Deposit Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Rental Paid \_\_\_\_\_ MCC Ins Paid \_\_\_\_\_