

ST. MICHAEL'S CATHOLIC COMMUNITY

17150 – 88th Ave, Coopersville, MI 49404

Phone: 616-384-4026 Fax: 616-837-7893

Request Form for use of Parish Facilities

This form must be completed and returned to the parish office at least 2 weeks before the scheduled event.

EVENT INFORMATION

Type of Event: _____

Date of Event: _____

Set-Up Time: _____ Start Time: _____ End Time: _____

Provide additional details if this is a reoccurring event: _____

Check all areas that you wish to reserve:

**If this area is checked, explain in the special needs section for the specific areas needed.

_____ Family Center

_____ Classroom / School Facilities**

**List any Special Needs: _____

PERSON IN CHARGE – Must be present for the entire event. (Please print)

Name: _____ Phone: _____

Address: _____ Cell: _____

_____ Email: _____

_____ I have read and agree to follow the *Rules and Regulations for the use of Parish Facilities*.

Signature of person in charge

Date

FEES / INSURANCE CHECKLIST

Private Functions:

___ Security Deposit (payable to St. Michael's Church)

___ Rental Fee (payable to St. Michael's Church)

___ \$100 Insurance Fee (payable to Michigan Catholic Conference)

OR

___ Certificate of Insurance from Homeowner's Insurance Company

Extended Use/Reoccurring Events:

List special fee agreement details below:

THIS REQUEST IS: APPROVED _____ NOT APPROVED _____

SPECIAL EVENTS INSURANCE THROUGH MCC _____ HOMEOWNERS _____

APPROVED BY _____

DATE APPROVED _____

OFFICE CHECKLIST:

___/___/___ Fee Paid

___/___/___ Deposit Paid

___/___/___ Insurance Paid

___/___/___ Deposit Refunded

___/___/___ Key Issued

___/___/___ Key Returned