

# 2009 - 2010 Facility Usage Request Form

ST. JAMES THE APOSTLE PARISH | 480 S. PARK BLVD | GLEN ELLYN, IL 60137

## FOR OFFICE USE ONLY:

DATE SUBMITTED \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_ BY \_\_\_\_\_

*Usage of the facilities at St. James is not guaranteed and no date is firm, until the request has been approved and confirmed with you. Following approval the requested date will be placed on the master parish calendar. All fundraising activities must first be approved by the Pastoral Council according to the Parish Fundraising Policies and will not be scheduled without this approval.*

Organization: \_\_\_\_\_ Event Name: \_\_\_\_\_

Date(s) Requested for Event: \_\_\_\_\_

Facility Requested: \_\_\_\_\_ St. James Hall 1 \_\_\_\_\_ St. James Hall 2 \_\_\_\_\_ St. James Hall 3 \_\_\_\_\_ St. James Hall Kitchen  
\_\_\_\_\_ Church \_\_\_\_\_ Church Narthex \_\_\_\_\_ Coat Room \_\_\_\_\_ Other: \_\_\_\_\_

St. James School\*: \_\_\_\_\_ Gym \_\_\_\_\_ Gym Kitchen \_\_\_\_\_ Faculty Lounge \_\_\_\_\_ Other: \_\_\_\_\_

Ministry Center\*: \_\_\_\_\_ Dining/Kitchen \_\_\_\_\_ LL Conference \_\_\_\_\_ ML Conference \_\_\_\_\_ UL Conference

*\*Prior permission required to schedule School: Call Mrs. Schwab at 469.8060 (OR) Ministry Center: Call Lisa Gilligan at 469.7540, x11*

Event Start Time: \_\_\_\_\_ AM PM Event End Time: \_\_\_\_\_ AM PM

Additional time required for setup: \_\_\_\_\_ Additional time required for cleanup: \_\_\_\_\_

Will tickets be sold as part of this event? \_\_\_ Yes\* \_\_\_ No \*If yes, please complete a **Fundraising Approval Request Form** and an additional **Facility Usage Form** requesting the **Church Narthex** for ticket sales after all weekend Masses for a maximum of two (2) weekends.

### For Monthly, Recurring Meetings, please indicate the frequency:

Every:  Sunday (OR) Day(s) of the month:  First  Sunday of the month  
 Monday  Second  Monday of the month  
 Tuesday  Third  Tuesday of the month  
 Wednesday  Fourth  Wednesday of the month  
 Thursday  Last  Thursday of the month  
 Friday  Friday of the month  
 Saturday  Saturday of the month

Date of First Meeting: \_\_\_\_\_ Date of Last Meeting: \_\_\_\_\_

Skip Months:  January  February  March  April  May  June  
 July  August  September  October  November  December

### Setup, please answer the following & then complete reverse side:

Is setup needed?  None is needed  Will Use Room As Is Setup  Yes (If yes, please answer the following):

We need setup for:  St. James Hall 1 (holds 20+ people)  St. James Hall 2 and/or 3 (holds up to 20 in each room)

Church Narthex  Other (specify): \_\_\_\_\_

Number needed of:  Round Tables: \_\_\_\_\_ (seat 8 people each—we have a total of 12)  
 Rectangular Tables: \_\_ (8' x 30": seat 8 people each—we have a total of 22)  
 Rectangular Tables: \_\_ (6' x 18": seat 3 people each—we have a total of 10)  
 Chairs: \_\_\_\_\_ (we have a total inventory of 300)  
 Card Tables: \_\_\_\_\_ (we have a total inventory of 10)

**Indicate Room Setup  
Needed on Reverse »**

### Additional items needed:

Podium  Microphone  TV/DVD  Easel  Projector\*  Coffeepots/Kitchen Items\*\*

Other (specify): \_\_\_\_\_ \*Sign Out at Ministry Center/Return next day \*\*Refer to 2009-2010 Kitchen Guidelines

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_