

Holy Trinity Catholic Church & School

Facility Usage Request Form

Diane Briesacher,
Parish Secretary

Bob Wojcik, Parish
Management
Coordinator

Dave Garris,
Advancement Director

505 Fountains Parkway
Fairview Heights, IL
62208

(618) 628-8825

office@holytrinityil.org

Request Form Submission

- ❖ Usage forms are available from the parish office or online.
- ❖ Forms are to be returned to the parish office, online or via email at office@holytrinityil.org **one (1) month** prior to requested date.
- ❖ Completing this form and turning it in does not guarantee approval or availability.
- ❖ Internal usage procedures and policies apply equally to the following:
 - Worship & Prayer Services
 - Parish & School Faith Formation Programs
 - Parish & Family life Organizations
 - One Time Parish Events
 - Major Annual Parish Events
 - Parish & School Service Outreach
 - Diocesan Outreach
 - Parish Affiliates
 - School Events & Appeals
 - Parish & School Athletics, that includes gym & outside campus usage

Denied Usage- Applicant to re-evaluate options and possibly resubmit a new form

Approved Usage - Proceed to steps 1 - 4

- ❖ Approval or Denied Usage will be processed by the Parish Management Coordinator, Parish Advancement Director, *if applicable*, and if applicable by the Pastor.
- ❖ The parish secretary will follow up with applicant within **two (2) weeks of the date submitted** on the usage form as to applicants approval or denial.
- ❖ All follow up will be either by phone, email or mail.
- ❖ If approval is denied applicant may revise and resubmit.
- ❖ If approved, the parish secretary will advise as to how to proceed to the next steps.

1. Notification of applicant of Approval from Parish Secretary

2. Usage Contract, *if applicable* from Parish Management Coordinator

3. Contract Invoice, *if applicable*, from Parish Management Coordinator

4. Follow Up Contact – Parish Secretary

- ❖ Parish Secretary will notify and note the date of approved & confirmed status on the usage form.
- ❖ The Parish Management Coordinator will handle all applicable usage contracts and invoices.
- ❖ The approved usage event will be placed on the parish calendar after the parish secretary has confirmed the event with the applicant.
- ❖ Approximately **one (1) week after the event** the Parish Secretary will follow up with the event's point of contact.

As of 11/5/13



Holy Trinity Catholic Church and School Facility Reservation & Use Form



Please complete the following information:

User Name / Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone/Cell #: _____ Email: _____

Today's Date:	Is this event associated with Holy Trinity? <input type="checkbox"/> Yes <input type="checkbox"/> No [if Yes explain _____]
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1st Choice Date :	2nd Choice Date:
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Event:	Event Time: _____ Set Up Time: _____ Clean Up Time: _____
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Purpose of event:

A solicitation for (If applicable, check all that apply):

Goods & Services People's Time Funds Promotional

Other (explain) _____

Requested facilities Usage (Check all that apply):

<input type="checkbox"/> Parish Center	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Plaza
<input type="checkbox"/> Meeting Room	<input type="checkbox"/> Concession	<input type="checkbox"/> Beverage Room	<input type="checkbox"/> Church Library	<input type="checkbox"/> Outside Space [Specify in Other]

Other _____

Expected # of people in attendance (as applies):

Will refreshments be served? Yes No

(If Yes, check all that apply):

Food - Caterer _____
 Drinks: - Bar Plan _____ Other (please list) _____

Bartender needed? Yes No (If Yes, how many? _____)

**** _____ Initial here that you have read and agree to the Holy Trinity policy/procedure guidelines for food and refreshments usage.****

Please list and explain any special requests (ie: audio/visual, podium, room set-up, etc.): _____

Damages: The group, individual, or organization using Holy Trinity Catholic Church and School facilities agree to compensate Holy Trinity Catholic Church and School for all damages to facilities, equipment, or other property owned by Holy Trinity Catholic Church and School. The person completing this form will be responsible for reimbursement of damages.

Insurance Requirements: User must provide evidence of liability insurance. If user is an organization, a Certificate of Insurance must be provided. If user is a person, a copy of Homeowner's or Personal Liability Insurance Policy must be provided.

Damage/Cleanup Deposit (if applicable) \$ _____

Custodial Fees (if applicable) \$ _____

As user of the facility at **Holy Trinity Catholic Church and School**, the undersigned agrees to protect, indemnify and hold harmless **Holy Trinity Catholic Church and School and the Catholic Diocese of Belleville** from any and all loss, cost, damage or expense arising out of or from any accident or other occurrence on or about the premises, causing injury to any person or property, the undersigned further agrees to protect, indemnify and hold harmless **Holy Trinity Catholic Church and School and the Catholic Diocese of Belleville** from any and all claims, cost or expenses arising from any failure of the user in any respect to comply with or perform all requirements or provisions of this agreement, or of any applicable law or ordinance, during the period of use.

This application will be reviewed by the Facility Use Committee before any date may be reserved. **Completing this form and turning it in does not guarantee approval or availability.**

By the submission of this request I have read and understood the Holy Trinity Facility Use Policy and Guidelines and Fee Schedule. I agree to abide by the policies and guidelines as outlined in these documents and to the above requests.

Signed: _____ **Date:** _____

For office use only:

Intake by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Parish Management Coordinator

Follow up by: _____ **Date(s):** _____

Submitted a room set up diagram (If yes, please attach): Yes No

Invoice by: _____ **Date:** _____

Facility Use Fee: _____ **Damage/Clean-Up Deposit Required:** _____

Cash _____ Receipt # _____

Cash _____ Receipt # _____

Check _____ Check # _____

Check _____ Check # _____

Final Follow Up : **Initialed by:** _____ **Date:** _____
Email _____ **Date:** _____ **Mail Date:** _____
Phone Date: _____