St. Simon the Apostle Parish 8155 Oakland Road Indianapolis, IN 46236

Facility Usage Request Form

Name or Group:		
		E-Mail:
Contact Person:		
Type of Event:		
Date of Event:	Time	of Event:
Set-Up Time:	Clea	an Up Time:
Special Noti	ce: Each group is respons	ible for their own set up and clean up.
Facilities Required:Feltman HallChurchGymSt. John Vianney _St. Clare Access Code Needed: Building Key (Electronic InDoor 4 (North Paris) Inside Keys:KitchenParish Life Center	ntellikey)	KitchenCry RoomSt. FrancisDoor 16 (East Door by School Office)Cafeteria
fees (if applicable). Signatu	=	nd sign request form and to discuss event details and ement to abide by the facilities policy and lities use.
sustained to the facility pre	mises, furniture, or equipme	ove shall assume responsibility for any damage ent, resulting from the use of the facilities by the on the Apostle from liability.
Signed(Event Re	presentative)	Date
Approval(Facility C	oordinator)	Date

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Facility Usage Checklist Form

The facility must be checked before the organization representative departs to determine cleanliness and /or damage.

Event Representative	Date	
Feltman Hall/Cafeteria		
-	wiped down and put away	
	side and re-line trash cans	
Floor swept or mop		
Lights turned off		
Kitchen		
 Trash dumped outs 	side and re-line trash cans	
Floor swept or more	pped; spills mopped	
 Lights turned off 		
Repairs Required		
 Dishes, pots & pans 	s, serving pieces washed and put away	
	ners cleaned out and stored	
Ranges and warmir		
 Supplies/Accessorie 	ies returned to proper place	
 Dirty/Wet dishtowe 	rels taken home to be laundered	
•		
Library/Parish Conference Room	n/Cry Room/Parish Center Meeting Rooms	
 Make sure all table 	es/chairs are returned	
 Lights off/doors clo 	osed	
Charach (Charach		
Church/Chapel	1	
 Lights off/doors clo 	osea	
Repairs/Supplies Required		
General Comments/Questions		
Signature of Event Representative	ve Date	
Signature of Facility Coordinator	Date	