



Facility Application Form

St Agnes Hall SAC Meeting Room Office Meeting Room Church

Name of Event _____

Sponsoring Group _____ Date/Inclusive Times Reserved _____

Actual beginning time of event: _____

Is this a recurring meeting/event? Yes No How often & for how long? _____

Primary Contact
Name/Phone/Email _____

Secondary contact: _____

Is the contact a parishioner? Yes No Is this a parish-sponsored event? Yes No

of people anticipated _____

Will Food be Served? Yes No Coffee? Yes No Lemonade? Yes No Water? Yes No

Beer/Wine? Yes No

If food is yes, explain: _____

Will entry fee be charged? Yes No Amount? _____

Check specific meeting room requested:

Upper Level SAC: Hall West Partition East Partition
 Meeting Rooms: entire 3 rooms 2 rooms one room
 Office classroom office discussion room office board room
 Office workroom

Provide Additional Information and Set-up desired: _____

Do you need any AV (TV/Projector)? Yes No Explain: _____

Please email completed form to: office@holynamedenver.org. After the application review, the applicant will hear back via email with the decision.