



FACILITY RENTAL APPLICATION
Church Use

INDIVIDUAL OR GROUP:

Names/Phone Numbers/Email _____

Parishioner(s)? YES NO

TYPE OF SERVICE: WEDDING FUNERAL RETREAT ADORATION HOLY HOUR

OTHER, please specify: _____

IF A WEDDING or FUNERAL: MASS or LITURGY OUTSIDE OF MASS

CLERGY PRESIDING: YES NO If yes, Name: _____

Phone Number: _____ Home Parish: _____

Date Requested: _____ **Start Time:** _____

Number of People Anticipated: _____ **If a Wedding, number in Wedding Party:** _____

REQUESTING ST. AGNES HALL RENTAL? YES NO If yes, is application submitted? YES NO

Additional Information: _____

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FOR OFFICE USE ONLY:

Date Form Received: _____ Requested Date Available: YES NO

Date Approved: _____ By: _____

HNC Church Administrator?: YES NO If yes, Name: _____

Rental Fee Applied: YES NO If yes, Amount: _____ Paid? YES NO Date Paid: _____

Notes: _____