



FACILITY RENTAL APPLICATION

General Use : Saint Agnes Center

(select **all** rooms that apply/see attached floor plan)

St. Agnes Hall North Meeting Rooms: North-West Room North-Central Room North-East Room

West Meeting Rooms: West-South Room West-Central Room West-North Room

East Meeting Rooms: East-South Room East-Central Room East-North Room

Administrative Offices – Lower Level

(select rooms that apply/see attached floor plan)

Conference Room Classroom Meeting Room A Meeting Room B Meeting Room C

SPONSORING GROUP or INDIVIDUAL - Parishioner(s)? YES NO

Name/Phone/Email: _____

NAME/TYPE OF EVENT: _____

PRIMARY CONTACT (if different than individual):

Name/Phone/Email _____

SECONDARY CONTACT:

Name/Phone/Email _____

Date/Times Requested: _____ **Event Start Time:** _____

Recurring Event? YES NO If yes, how often and how long? _____

Parish Sponsored Event? YES NO Number of People Anticipated? _____

Will food be Served? YES NO If yes, explain: _____
(please list caterer and contact information)

Will you serve beer? YES NO Will you serve wine? YES NO No hard alcoholic beverages are permitted. Beer and/or Wine must be served by a licensed bartender.

Event entry fee charged? YES NO If yes, explain: _____

Amenities & Special Requests (select all requested): TV Projector Pull-Down Screen

Additional Information & Room Layout Option: _____

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FOR OFFICE USE ONLY:

Date Form Received: _____ Requested Date Available: YES NO Damage Deposit Received: YES NO NA

If yes, Amount: _____ Date Approved: _____ By: _____

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

Rental Fee Received: YES NO If yes, Amount: _____

Notes: _____