



**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: \_\_\_\_\_

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 (see plan layout options): \_\_\_\_\_

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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: \_\_\_\_\_ \$100 Party Light Fee Received:  YES  NO  NA

Notes: \_\_\_\_\_